

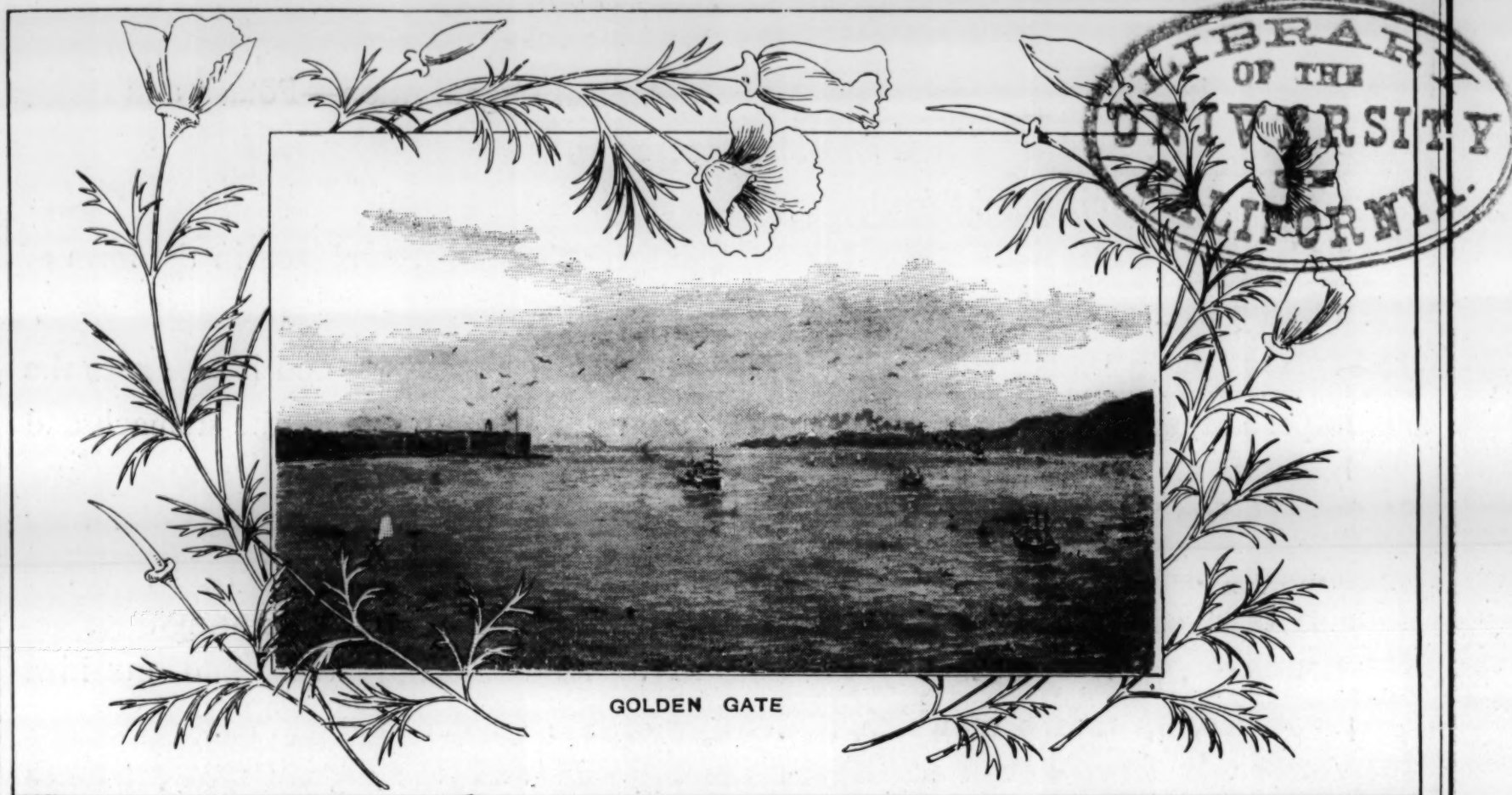
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Dr. C. N. Miller, Managing Editor.

\$1.50 per Year: Single Copies 15 Cents.

Let all Communications be addressed, and money orders made payable to the  
CALIFORNIA MEDICAL JOURNAL.  
1422 Folsom Street, San Francisco.

Entered at the San Francisco Post Office as Second-Class Matter.

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# California Medical Journal.

VOL. XVII.

San Francisco, California, July, 1897

NO. 7.

## THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Lake Minnetonka, Minn., June 15, 16, 17, 1897.

### ADDRESS BY PRESIDENT,

D. MACLEAN, M. D., SAN FRANCISCO, CAL.

*Fellow Members of the National Eclectic Medical Association:—*

Another year has passed, and again we meet in annual convention. It has been customary by former presidents of this association to eulogize our membership and school. Should I depart from this time-honored custom, please consider that I am from the extreme West, which, somewhat regardless of other sections of our country, makes its own customs.

It seems but a little while since many of you I met by the Pacific, whose waves roll in ceaseless grandeur, as if restless of restraint, to welcome the visitor to its shores, where nature in beauteous robes smiles eternal with warmth and sunshine at all times and seasons.

We enjoyed the visit, and feel sure that you who crossed a continent, and viewed the grandest scenery that has been the lot of man to behold—our rugged mountains which tower above the clouds, our fertile valleys which reward the toiler with abundance, and our golden fruit and gorgeous flowers which deck our landscape, have felt well repaid for the journey. You enjoyed the scenery, we the intellectual

feast, the viands of which were gathered from the centres of culture and learning of our common country, and served to us in a most appetizing style. The latch string is still out, and should this association conclude at some future time to cross the Rockies to San Francisco, I pledge my State to receive the members with true California hospitality.

This is an age of conventions and combinations. All classes who have interests to advance, wrongs to correct, or theories to explain meet in convention for discussion. The politician presents in mass meeting his views on finance and tariff, annexation and arbitration to secure the greatest number of followers for his party; the industrial, the fraternal, the social, the religious and medical orders, all meet for the promotion of their welfare. Among the religious associations the most antagonistic interests are calmly discussed with a tolerance, which a few years back it would have been difficult to realize.

The agnostic and the orthodox of to-day, no matter how different their



opinions, stand on the same platform, and present their views with such liberality of spirit as to command the respect and confidence of each other, and of the public. The day is not far distant when intolerance shall cease to exist, and all creeds shall recognize the fact that while their methods are different their aims are the same, the promotion of moral influences, and securing of greater happiness to mankind.

Of all associations, the medical is the most bigoted and illiberal. Creeds, no creeds, and denominations for all other purposes can meet in harmony. Not so medical schools. Arrogance and presumption rule. No school is free from blame. Were all schools to meet in convention, it would demonstrate that no one held a monopoly of wisdom. Science knows no class. Its aims are truth. It is but the experience and observation of mankind systematized. Each school can learn from the others, for observation is not confined to any one class of men. The age is ripe for discussion, and we look for a better feeling to prevail among medical men. The fittest will survive, and we do not believe the Eclectic school will be among the lost. While we have certain principles and certain lines upon which we work, the Eclectic school is not the same to-day, yesterday and forever, but it advances with the development of knowledge. It is not only progressing, but in the van, a leader of progression. It is the fittest—it will survive.

Combinations are characteristic of our day. The great enterprises of our

country are conducted by combinations. Our railroads are built, our industrial and commercial enterprises are promoted by aggregations of men and capital. Combinations are necessary to success and only become detrimental when they oppress the public.

Our school needs a stronger combination. Our National Association needs reinforcements. It is to the interests of every Eclectic physician to be a member of this association. Many States are even without a State organization. Who is to blame? Is it anyone's duty to promote a better affiliation? I believe this association should assume the duty, and devise means to remedy the matter.

I suggest that a committee of five be appointed, one to represent the East, one the South, one the Middle West, one the North West and one the Pacific Coast, whose duty it would be to organize State Societies where none now exist, and solicit membership for our National Association. It is impossible for your president and secretary to do the work. We need working organizers in the different sections who shall systematically canvass and unite the scattered forces into a solid body, which shall be irresistible in its just demands.

There is another matter I wish to present to your consideration. The entire Eclectic profession is interested in the attendance and the quality of work done at our annual meetings. The stronger the organization numerically and financially, the greater its usefulness. It is true that every member cannot be present. At the same



time, it is unfair to throw the burden on the few. The man who is not a member is benefitted by this association, as well as the member who contributes to its success. I hold that the State Societies should pay a per capita tax so as to distribute the burden and provide sufficient funds to carry on the work of the association successfully.

In the present state of our finances, I further suggest that this association select a thorough business, executive man as president who shall have the assurance of being elected for several successive terms, until this association is placed on a sound financial basis. A president at the end of the first term is simply ready to be of benefit to the association. A new departure was made two years ago. The organization was placed in different hands. Professor Bloyer should have been re-elected at the Portland meeting, as he had the knowledge, the industry and capacity to lead the association through the wilderness into the promised land. Do not misunderstand me. The present incumbent does not desire a re-election. I simply make a suggestion for further guidance, and to be observed only until such time as the association is placed on a sound foundation and in a flourishing condition. Your next president should hold at least two terms and be a live executive man.

We must pay more attention to the details of our organization. We must build a structure resting on the County, District and State Societies with the National as the supreme medical

tribune. There must be a harmony of action from the lowest to the highest. It is the only way to become effective and accomplish the object we desire.

We need less assurance and more industry. Fewer idlers and more workers. Too many are willing to drift lazily along the bosom of the current, Not enough are imbued with enthusiasm and energy to explore new fields. Men who hold or have held high positions in the association are indifferent. I speak from experience. The members of this association should stand as one man. Should feel that each is responsible for success or failure. That the association is our association, and that its success is our success.

It is not our province as an association to criticise others. Our duty is to ourselves. It is not necessary to be always on the war path. Differences of opinions will exist as long as the science of medicine is imperfect. We believe under our present knowledge that our principles are right. We have collected a vast amount of information, and systematized the observations of those who have preceded us. We have evolved a system of medication founded on established facts guided by the physiological action of drugs. Specific or direct medication is not perfect. Further study is necessary. It is our duty to continue the research and add to the store already accumulated. There is work for years to come, and we must not hesitate by the wayside, but do our share in perfecting a system whereby we can prescribe with as much certainty as we can solve a mathematical problem. It



is a waste of energy to quarrel with other schools while there is so much to do. Let us keep in the middle of the road, neither turning to the right nor to the left, but pursuing the even tenor of our way until our system shall be so complete, as to stand forth as a beacon, to guide those seeking light and truth.

Our colleges need better support. While the medical profession is overcrowded, graduates of Eclectic Colleges have no trouble in establishing themselves in lucrative practices wherever located. Still our ratio is not keeping up to the other schools. As a matter of self protection the members of this association should see to it, that each and every one sends a student to the college of his choice. One whose moral character should be above suspicion, and whose education should be such as to qualify him to study a learned profession. The times demand educated men. The method of teaching has changed. It has become more practical. Didactic teaching by precept and theory is no longer satisfactory. Demonstration and illustration of the subject gives the student a better knowledge. The microscope and crucible, the use of which can only be obtained in the laboratory, are the great aids in a successful practice. The days of set lectures are past. Books in a great measure supply the place of the lecturer. The professor explains and demonstrates. The students work as well as listen.

Medical legislation has been a great benefit to our school. In every State where separate or mixed Boards exist,

legislation has placed us in the position we merit. It has caused the sloughing of the camp followers who claimed to be our kindred, while no relationship or fellowship existed. Our medical laws should be uniform. The same laws should prevail in every State, and it should be the duty of this association to assist in bringing about such a desired result. The man who is licensed under the laws of the State of Maine, should not have to be examined in Oregon. One holding a license from one State, and moving into a State having similar laws should be granted a license without examination.

Above all, I desire the success of this meeting. I desire that we shall calmly and deliberately discuss such matters as shall come before us. I desire that harmony shall prevail, and that the only contention shall be, who shall be the most zealous and enthusiastic in promoting the prosperity of the association. I desire that when we shall leave here, it will be with such pleasant remembrances as shall cause us to look forward to our next annual meeting with anticipation of great pleasure and profit.

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## Some New Methods in Surgery.

Written for the National, at Minnetonka, June, 1897.

M. E. VAN METER, M. D.,

Professor of Orthopedic and Clinical Surgery in the California Medical College,  
San Francisco, California.

*Mr. President, and Fellow Members of the National Eclectic Medical Association:—*

In presenting this paper for your consideration, I do so, well knowing that every innovation in surgery, is, at first, received with more or less incredulity. But with the utmost confidence that what I may say, will in time, be proven to be correct, and will be the accepted teaching and practice of the future, I venture to set forth herein, some new ideas in surgical practice. I say new, for I have no knowledge that any of them have ever been taught or practiced. If they have been, I wish due credit to be given their author.

I will first speak of a very simple, yet effective, way of ligating hemorrhoids before excising. I use a little instrument, made after the style of a cross-action, spring acupressure-forceps; except that the ends of both blades are sharpened to a point with an eye in each. After having circled the hemorrhoid, with a scalpel, the blades of the instrument are separated sufficiently to divide the pedicle into three equal parts, and are then thrust through. I then thread the blades with opposite ends of the same ligature. I now withdraw the instrument, bringing through the two ends of the ligature, thus including the middle section of the pedicle in the loop thus

formed; and by then crossing the ends of the ligature and carrying them around the side sections of the pedicle in opposite directions, the three sections are all constricted. One or both ends should be passed under the loop, to prevent slipping off of the stump, and then firmly tied. As the instrument is to be threaded after having been passed through the pedicle, I use silk-worm-gut, as it is easily passed through the eye of the instrument; though waxed silk can be readily used.

What I claim for this method of ligation, is, that the pedicle is divided into three, instead of two, sections; making the constriction more perfect; and also that there is no possibility of the hemorrhage that sometimes follows the ordinary method of transfixing and tying the lateral halves, leaving an open middle puncture. The instrument should be passed from within outward, that when the operation is finished the knot will be on the outside.

For vesico-vaginal fistula, I proceed as follows: If the opening is in the vault, where it is likely to be found after a vaginal hysterectomy, I make my denudation of the vaginal mucous membrane, antero-posteriorly, denuding the surface, in each of these two directions, to the distance of from a



quarter to a half inch from the fistula, and a quarter of an inch on either side of the fistula, laterally. If the fistulous opening is lower down in the vagina, I make the long dimensions of denudation superio-inferiorly, and extending laterally as before. With two small, sharp hooks, the two edges, of the long diameter, are picked up, and by making traction are lifted up and made to approximate; thus bringing together the two denuded surfaces, and which gives a large area for adhesions. Now comes the important step. Beginning at the base of the folds that have been formed by approximating the denuded surfaces, put in a row of stitches, in the form of a horse-shoe, close to and surrounding the fistulous opening. Next stitch the edges of the folds, or flaps, neatly together. The purpose of the first sutures is, whether we get union or not, to hold the urine in check while the external stitches are to get union of the edges and as much of the surfaces as possible, between the two rows of sutures. This method was tried on two cases, each of which had been operated on with failure, on two or three previous occasions. In neither case was there a drop of leakage after my method had been employed.

For ventral fixation of the uterus; I use a figure of 8 stitch, which I make as follows: After having selected the material for the sutures—I use a double silk worm-gut—I arm it with a needle at either end. As the ordinary length of this kind of suture is too short to admit of doubling, I use two together. I use large, curved needles, and

make the stitch thus: After passing one of the needles through the fundus, I carry it on up through the muscles of the same side, but not through the skin; the other needle is passed through the muscles on its adjacent side, also stopping short of the skin. I then carry the needles to the opposite sides thus crossing the sutures, and then pass the needles through the skin, and tie in the usual manner. This completes a figure of 8; and I claim for it the following advantages, viz: It is better than a buried suture, from the fact that the result of a buried suture is always an unknown and uncertain quantity. Had we any way of knowing that an animal suture was absolutely aseptic, and would remain so, and that it would not be absorbed sooner than we wished, nor be too long in doing so, then we would have an ideal suture for ventral fixation.

The figure of 8 suture is superior to the ordinary method of fixation, from the fact that the crossing of the sutures hold the fundus tightly against the abdominal wall, however much it may tend to pull away; while, with the ordinary stitch, we have to tie so tightly that the skin and muscular tissue are very much constricted, or else, by the least sagging, the fundus drops away, and we fail to get good union. I usually put in three fixation sutures, and have had perfect results in every case where I used the figure 8 stitch.

I now come to speak of two operations, which I think are original with me; and which I believe are destined to take a permanent place among the more important surgical procedures of



the future; and which, if carried out according to my ideas, will prove one of the greatest of boons to the human race. For they will not only prevent the necessity of the more dangerous operations that are of such frequent occurrence in cases of deformed or diseased pelves of pregnant women, but can, and I believe will, be the means of eradicating from the human race all hereditary taints and criminal tendencies.

Of the two operations, I will first discuss the one that is applicable to women. I have no name for the operation; but from its effects, I think that the term "Sterilizing" will be most appropriate. My method is to ligate the Fallopian tubes, or remove a small section from them. Which of the two methods will be the better I am not yet prepared to say. I, not long since, did both operations on the same patient, ligating one side, and removing a section from the other; but it has not yet been long enough since the operation to prove which will be the better, or what will be the final result of either. The lady has menstruated once since the operation, and experienced no unusual trouble, whatever. I did a ventral fixation at the time I operated on the tubes, and it was to prevent a subsequent pregnancy, that I treated the tubes as I did.

When I have mentioned this method of preventing pregnancy, to my colleagues, I have been discouraged in the matter, without an exception. One claiming that it would cause abscesses; another that it would cause dysmenorrhea; while another would say that the

operation would cause atrophy of the ovaries. All of these objections, I consider of no weight, and held, and still hold, that not one of them is tenable. That the ovaries do not get either their blood or nerve supply through the Fallopian tubes, every one who knows anything about anatomy, will admit. Then WHY SHOULD and HOW COULD any operation on the tubes have any effect, whatever, on the ovaries, themselves? I maintain that the Fallopian tubes bear no more relation, and have no more influence over the ovaries, than the urethra in the male, does to the testicles. They are both nature's viaduct, one for the carrying of the ovum, and the other for the transmission of the semen and passage of the urine. I have compared the Fallopian tubes to the male urethra, instead of the vas deferens, whose physiological functions are identical to that of the tubes, for the reason that the vas deferens are directly connected to the testicles; hence any interference with the functions of the vas deferens would be more likely to influence the testicle, than would the same interference with the tubes have on the ovaries. And as the canal of the tube is not directly connected with the ovary, I think its comparison to the male urethra is a fair one.

In the case I operated on, I tied one tube and removed a section from the other, instead of doing the same operation on both sides, from the fact that I had the slightest misgivings upon just one point, and that was, I was not sure that the obstructing of the tubal canal would not cause colicky pains at



the time of menstruation; and by removing a section from the other tube, I would give anything entering the fimbriated end of the tube, a chance to pass out at the other end, where the section was made. One menstrual period has passed without a manifestation of any trouble on either side. Should any trouble develop in the future, in one side and not in the other, I will then know which is the better operation, and in future follow the lesson thus learned; as one method is as easy to do as the other.

I will now describe the second of these two operations, that which is applicable to men. After I have done this, I shall discuss their feasibility and great utility. This operation is one that can be easily and quickly done; without danger or pain, and with but little loss of time. Its intents and purposes are the "Sterilization" of men; and also the cure of some pathological conditions, for which castration is now done. My theory—for since I evolved it, I have not yet had a chance to put it into practice; but shall at the very earliest opportunity—is to make a small slit in the scrotum and, drawing out a loop of the vas deferens, sever it, letting the upper end be retracted, but turning the testicular end out through the slit, and fasten it there.

Now, it may be asked why not ligate the vas deferens as I did the tube. My reason has already been foreshadowed, when I spoke of the direct connection of the vas deferens with the testicle. While the tube has nothing to do with ovulation, and its only function

being to carry the ovum; with the vas deferens it is a little different. It is directly connected with the testicle, and is the only escape for the testicular fluid; hence its ligation might first cause a swelling of the testicle, to be followed, later, by atrophy; or the development of some pathology not now thought of.

As to the feasibility of these two operations, no one who is up with the surgical times, will question. Since we can open the abdomen with impunity, and there being no loss of tissue, nor any further shock than the abdominal incision, we can scarcely call it a dangerous procedure to do either of the operations, mentioned, on the tube. As to the operation on the vas deferens, it can be seen at once, that it can be done without danger, and with but little inconvenience.

The great utility that I can foresee for these two operations, and the great good to the human race, to be derived therefrom, is almost beyond comprehension.

In any case whatsoever, where it is desirable to prevent the bearing of children, whether it be from a malformed pelvis, a ventral fixation, or a pathological condition forbidding child-bearing, we have a positive safeguard, and one no more dangerous than an abortion; and much less dangerous, and much to be preferred, than a number of abortions.

Why this method is preferable to the removal of the ovaries, is a question that does not need discussion. My method of sterilizing leaves a woman just as she was before, perfect



in every respect, anatomically, physically and sexually, but without the power to conceive; while ovariectomy adds somewhat to the danger; robs a woman of some important organs; may change her sexually, and make her physical appearance different.

As to the operation to sterilize a man, the method is so simple and so devoid of danger that neither of these features are worthy of discussion. Some object to the procedure on the same grounds as those made in regard to the operation on the tubes; saying that it will cause atrophy. This theory, I am most positive is incorrect. Such might possibly be the case if the vas deferens were ligated. But as the testicles receive neither their nerve nor blood supply through the vas deferens, the operation I propose, can have no effect whatever on their normal condition or physiological function. Others claim that my proposition is not practicable on account of the inconvenience that the constant oozing would cause the patient. This I also disbelieve; for, in my opinion, the secretion would not amount to more than a drop in a day. I do not believe that the testicular fluid bears any greater proportion to the whole amount of semen, than does the ovum with its accompanying fluid, bears to the whole amount of the menstrual flow; and it may prove to be a fact that only the spermatozoa pass up through the vas deferens, to fructify the other seminal fluids, stored up in the vesiculæ seminales. But admitting that the oozing would be sufficient to cause some inconvenience, it would

not be any more trouble to overcome it than it is to wear a suspensory for any other purpose. But what man, afflicted with an hereditary disease, would consider this little trouble, if assured that he could be treated without danger to his life, health or sexual happiness, and yet be prevented from begetting a loved offspring, to whom he would transmit his own misfortune? This operation is devoid of even the dread of chloroform, as local anæsthesia is all that is required.

If my method of sterilizing both men and women would be carried out, hereditary diseases could be eradicated from the human family; for there would be no more horror of having to sacrifice a part of one's self, nor of being emasculated. I would strongly favor a law that would compel every man and woman, who is known to have an hereditary taint, to be sterilized before entering into a matrimonial alliance. Furthermore, when we have robbed the laity of the horror of emasculation, we can more easily have enacted a law that will provide for the sterilization of all criminals; and thus will crime be wiped out, or, at least, greatly lessened.

This operation may—I say may, because I do not yet know—take the place of castration, for enlarged prostate. If it will have the same effect, how much more readily will our patients assent to the operation.

I fully expect, before your next annual meeting, to practically demonstrate the correctness and practicability of the theories I now advocate, and hope and expect to see others adopting the same practice. I now submit this paper to you for your consideration and criticism.



## Hypnotism.

Written for the CALIFORNIA MEDICAL JOURNAL, San Francisco.

By SYDNEY FLOWER, Editor of the Hypnotic Magazine, Chicago.

There are medical fads all about us. New fads come in and old fads go out; and no man knoweth the way thereof; but permeating them all, and underlying them all is the old principle of the action of mind upon matter. Lately, osteopathy has been in vogue, osteopathy being simply suggestion coupled with massage; before osteopathy, orificial surgery had its day; orificial surgery being a demonstration of the power of the body to throw off certain diseases, if that body be kept tranquilly at ease in a hospital. The operations upon the rectum has the effect of making moving difficult, so it happens that if at the end of a month or two the disease from which the patient was suffering was curable by rest and quiet, he gets well, and gives thanks thereafter to orificial surgery. But if his disease is not of this placable order, he does not get well, and has gone through a senseless operation for nothing.

Hypnotism, or suggestive therapeutics, has never risen to the popularity of a fad among the profession, but it has two points in its favor to recommend it strongly to the attention of physicians. One is that it neither inconveniences nor kills its patients; the other is, that it affords a means of accurate diagnosis between real and fancied ailments. The stories of mirac-

ulous cures, healing by faith, by prayer, by christian science, by osteopathy, by orificial surgery, by massage, by this, that, and the other method, apart from drugs are facts. They cannot be denied. But the healing is very rarely attributed to its true source.

The fact is, that the body which is sick of infirmities controlled by, or caused by, the action of the mind, may readily be healed (as it seems, miraculously) by the methods above mentioned. And not by all combined, but by any one of them separately, which specially appeals to the imagination of the patient. I make the assertion that any person cured of a disease by any of these methods could have been equally as well relieved by hypnotism. Because in every case, in hypnotism as well as in christian science, it is suggestion acting upon the imagination which effects the cure. In other words, the patient cures himself, as soon as his own force is properly roused to activity to throw off the disordered condition.

Hypnotism has this advantage over any other form of mental treatment, it is more effective in a larger number of cases; and it is always at hand to be made use of. The physician is the right person to make use of this method, and he should have at his



fingers' ends the best points of all other processes of so-called mental treatment. There is nothing in suggestive therapeutics which can alarm or in any way injure a delicate, sensitive patient, when the suggestions are given by a person in whom that patient necessarily places confidence. Such diseases as post hemiplegic paralysis, aphonia, anæsthesia, nervous deafness, and all functional derangements, when quite unaffected by the usual means of cure in the pharmacopœia, yield with surprising suddenness to hypnotic suggestion. There is every reason why this should be so. The treatment is mental. The disease is the result of mental action. The cure then must be found in a method which meets the disease on its own ground. Mental disease—mental treatment. Hypnotic suggestion does not restore lost tissues, it does not cure where there is organic lesion, but its action enables the practitioner to say whether the disease is organic or functional, whether it is real or nervous. To the patient these nervous pains, for instance, are as real as if there were a physiological reason for their existence, but the neurologist knows that in many cases these pains are the result of nerve irritation, and that they can be allayed and removed by treatment directed entirely to quieting the nerves.

At this day we know that any one who will give the matter a little patient study can be a hypnotist. It is not necessary that we should go through a course of instruction. His course of instruction will come to him gradually,

he will find that there is something new for him to learn every day in this field, and his best instruction will be found in his own personal experiments.

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### POSITIONS OF HONOR.

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F. CORNWALL, M. D., San Francisco.

DEAR EDITOR:—I received news recently of the appointment of our Dr. Foreman as physician and surgeon to the Preston School of Industry. There are about 250 boys in this institution. Whether or not this appointment was made on merit, it is doubtful if another of his age in the State could have been found with better or equal qualifications. He was in my office for three years as a student and I have reason to know whereof I speak.

It is advertised by our college and school competitors that graduates of ours do not get State or other official appointments. As a rule this is a matter of politics, and the individual who works, or whose friends work in the party line long enough, gets appointments regardless of any sect of medicine. This applies to railroad appointments also. A friend who has the requisite influence at Fourth and Townsend can get you your position and no questions are asked. Heretofore political work has been done in this State mostly by the Allopaths and naturally they get to feeling as though they owned the earth. Perhaps however, Eclectics have no right to complain as they have had nearly their share of patronage in this line compared to their wealth and numbers.



I hereby append a list as nearly as I can remember:

A. S. Clark, M. D., Elgin, Illinois, and Milton Jay, M. D., Chicago, are surgeons of National reputation. Dr. T. S. Sandy, E. M. I., '78, of Kinderhook, Ill., is surgeon for the Wabash Railroad and member of the National Association of Railway Surgeons. Bishop McMillen, M. D., Columbus, Ohio, Assistant Superintendent Ohio State Insane Asylum. Dr. F. J. Evans, Philadelphia University of Medicine and Surgery, '74, Surgeon New York Light Artillery and inventor of the famous Evans repeating rifle. Dr. Howard Burns, E. M. I., '92, Carrollton, Ill., Railroad Surgeon, President United States Pension Board and County Physician. Dr. R. R. Anderson, E. M. I., '89, Bufford, Ohio, member of United States Pension Board. Dr. J. M. Beardsley, Winslow, Ind., United States Pension Examiner. Dr. F. J. Oury, E. M. I., '93, United States Military Pension Surgeon at Leavenworth, Kansas. Dr. D. W. Dunn, Mayor of Duquoin, Ill. Dr. R. Hubbard, E. M. I., '79, Surgeon at Sandusky, Ohio, for Big Four Railroad and Medical Director of I. O. O. F. Benefit Association. R. W. Musgrave, M. D., is a member of the State Lunacy Commission for King's County, Cal.

#### What Echinacea Is Not Good For.

G. W. HARVEY, M. D., Kanab, Utah.

I have yet to meet with the first case of erysipelas of any kind that has been in the least benefitted by echinacea. I have tried it in all forms

and all stages of the disease; big and little doses, salves and lotions to my heart's content with never a sign of benefit. It's true I never have seen it recommended for erysipelas, but it's just as necessary for an Eclectic to know what a remedy is *not* good for as to know what it is good for. Has any one had a different experience with it in this disease?

#### "A STRANGE CASE."

J. SIMMONS, M. D., Goole, England.

I can quite believe that Dr. Van Meter's article under the above heading in the CALIFORNIA MEDICAL JOURNAL for May will prove very interesting to practitioners. The reason for my interest in it will appear from the following, which may also prove interesting to Dr. Van Meter,

During 1895 I was managing a branch dispensary at Southport, and in the early part of the year was sent for by my employer to see and examine a lady patient who had just been wheeled up to his other place of business in an invalid's chair. I went at once. And found a fine specimen of female humanity in as sad a plight as Dr. Van Meter's patient. She had been in business and had overtaxed herself, strong a woman as she had been. As the result of lifting some heavy weight she felt what she described as a strain in the abdomen; eventually she had, so the Doctor said, an abscess in the left tube. My note book being left behind, I am not quite clear at this distance of time, whether this led to the further trouble that she had



or whether the pyosalpinx was well before the other trouble came on. Anyhow, the further trouble, and the one where the interest comes in, led to curetting, or, as the patient phrased it, scraping the womb. Whether for leucorrhœa or endometritis I cannot now say, as I think she had the latter complaint at one stage of her illness. The operation was performed as I understood her, before she really knew what was going to be done, and without her consent. The result was; she has never been well, and has never menstruated since; although twelve or eighteen months had elapsed; and she has always to wear a napkin now on account of an almost continuous discharge.

Now here was a woman, not perhaps face-handsome, although but for the *facies ovariana*, which was unmistakable, she was not at all bad looking, but in every other respect physically perfect, brought partly to the plight she was in through, as I think, a needless and certainly in her case, a useless operation. She was a most pitiable object, and I had not heart enough to put the poor creature through an examination further than with the finger to ascertain the condition of the cervix. There was dropsy no doubt, as both legs and abdomen were swollen, and for which she wished me to prescribe. My own impression of the case was that the condition of the abdomen was due to ovarian disease, but having regard to the feelings of the patient, I did not like to say anything calculated to further upset her. I had intended to reserve what I had

to say on that point until after I had made the necessary examination. As I had hoped that the medicine given might so improve the patient that she would be more cheerful and therefore more fitting to receive whatever I might have to say as the result of examination. I did not however get the opportunity. The medicine effected some improvement, and she sent to my employer for more. But a change of some kind took place, and she left Southport, where she had come thinking the sea side air might do her good, for home, and I saw her no more.

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### LA GRIPPE.

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G. W. HARVEY, M. D., Kanab, Utah.

Just now we are having an epidemic of la grippe, quite severe in many cases, and complicated according to the temperment and condition of each patient.

It is my candid and firm belief, based upon two and one-half year's experience, that in *eupatorium perfol.* we have a true specific for la grippe.

The initiation and basic symptoms in any case of the above disease is an aching over the whole body of muscles, bones and joints, with a feverish, chilly sensation and prostration according to strength of patient and severity of attack.

Following these first symptoms will be a disturbance of the stomach, bowels, brain or nervous system or lungs, and there may be a double, trebble or quadruple combination.

*Eupatorium* will look out for the aching and fever, nux will in a great



measure take care of the stomach, while gelsemium relieves the brain and nerves, and bryonia will act nicely on the lungs.

Now I have not given you these drugs as a sure shot cure for la grippe, but have spoken of them because they are quite often indicated and when they are they will cure, and when not they will do harm. Study your case and after putting in your eupatorium add just what other remedies are plainly indicated—stick to Specific Medication and to Lloyd's Specific Medicines and if your experience be as mine you will find that there is a specific for la grippe.—*Chicago Medical Times.*

#### THE SPOILING OF A HORSE.

The following description of the method employed by many persons in handling horses, which we find in the Journal of Medicine and science, is not simply amusing, but conveys useful suggestions to all who own or have horses to manage, either in the stable or on the road.

Enter the stable with an appearance of great hurry and flurry; rattle open the sliding doors, and, if there are any swinging doors or shutters, throw them back—each with a loud “bang!” This will wake the horse up, and, if he happens to be a nervous animal, will increase the chance of his running away about fifty per cent.

When you are ready to enter the stall order the horse, in a loud, rough voice, to “stand over”—and the same time squeeze in and poke your thumb

into his ribs. Back him out with great haste and violence, and with such a short turn that he cannot fail to tread on his own feet and back his hips against the side of the stall. Drop the halter and go in search of the harness; if the horse stirs, grab him and yell “Wow!”—the correct stable pronunciation of “Whoa.” Adjust the back part of the harness gingerly, so as to give the horse the impression that you are afraid of him; then draw up the girth with all the quickness and vigor you are capable of. If the horse snaps at you for this, throw up your arms and jump at his head or strike him in the face. If he declines to lower his head for the adjustment of the collar, put your arms around his neck and swing downward with your whole weight—perhaps you can weigh it down. Force the bit into his mouth with your thumb, and, standing on tip-toe, struggle with him until you have succeeded in pulling his ears and forelock into place, and put your finger into his eye.

If the horse continues manageable, lead him toward the carriage with the reins trailing on the ground behind him. If there is a door you can leave unfastened, so that it will slap against him as he passes the doorway, do so, and, if he has occasion to step up or down a step, be sure you check him up so that he will perform the feat with a series of plunges and stumbles. Have the shafts propped up, and as you lead the horse under them kick the prop out, thus letting them drop on his back. This will accelerate his motions and teach him to keep an eye on the



carriage, which he will henceforth regard as a monster. Run the vehicle down onto him and punch the ends of the shafts into his thighs, or, if you cannot manage to do that, run one of them between his fore legs. Swear, jerk the horse, pull the shafts into place, and adjust the lugs. Keep yelling at the top of your voice, "Wow!" "Back!" "Get over!" etc. to keep the horse awake and show that you are master of the situation. Twist the traces carefully, and leave either one holdback or the shaft girth unfastened. If the driver does not get killed before he has a chance to discover this arrangement, he can get out and alter it.

If you are going to drive, take up the reins and cluck to the horse as soon as you put your foot on the carriage step. If he does not start off at once at a gallop, jerk him and strike him with a whip; but, if he is a good horse and you have followed the foregoing directions carefully, he will probably be only too ready to start. In that case jerk him and yell "Wow!" "Back!"—always say "back" when you say "whoa"—the horse will remember the combination and back somebody off a precipice some day instead of stopping on the brink. Drive him at the top of his speed from start to finish, first on one side of the road, then on the other, jerking and whipping him continually, and yelling from time to time. This will make the horse respect you, excite the admiration of the lower classes, and endear you to the populace generally.

If you have occasion to stop on the street, either do not tie the horse at all

or tie him to something he can take with him if he wants to go away. If the weather is chilly, it will toughen him to leave him uncovered; but, should you choose to blanket, throw the blanket over him so loosely that the first breeze will turn it over his head. A cold wind blowing on the chest of a heated horse will refresh him greatly, and if he stands in the gutter with melted snow and ice water running around his heels, so much the better.

When you return to the stable, let the horse cover the last few rods at the top of his speed, and pull him up with a loud, triumphant "Wow!" Now don't miss a glorious opportunity to try the disposition of the animal. Unfasten all the attaching straps but one holdback, and start the horse out of the shafts. When you see the result, yell like a fiend. The strap that remains fastened will first make the shafts punch the horse in the stomach. Then pull all the harness off his back; if he does not kick, it is a sign that he is a good horse—there is no mustang in him. If it is winter and the horse much heated; either leave him in the stable unblanketed or put the blanket on at once and leave it on, wet, all night. A draught of cold air, from the opening above the manger to the door behind, blowing the whole length of his body, will help to season him. If it is summer, slop his joints with cold water and give him a couple of swallows to drink—a "couple" means any number, from two to a hundred.

If the horse is tired and exhausted, do not forget to feed him at once; he



might starve to death if you left him for an hour. A heavy feed of corn will please him greatly, and a generous allowance of corn meal will make him look nice and fat—probably before morning. A liberal dose of ginger, pepper, or "condition powders" will scare away any evil spirits that may be hovering about, and make everything all right.

If the horse is not dead by the next morning, you can fix him up at your leisure and thereafter conscientiously recommend him as 'tough,' but should he be so unreasonable as to die during the night, you can console yourself with the reflection that it was not your fault—the animal was constitutionally weak.

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*Department: Eye, Ear,  
Nose and Throat.*

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CONDUCTED BY PROF. CORNWALL.

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Acetylene Gas.

After one month of trial I am so well satisfied with this illuminant that I have ordered it put in my residence in the country. At the present the expense as per the amount of light is not far from that of our city gas. For examinations it certainly has no equal as it is six times the intensity of ordinary gas. The price of the carbide will undoubtedly be less before long, and then all suburban or country residences away from the gas supply will find relief from the kerosene lamp. Even now very many, if they were familiar with its use would put it in their homes. The gas is on exhibition

in the basement of the Crocker building, San Francisco.

Breath of Users of Tobacco as Compared  
With Those Who Do Not Use It.

I have conducted an irregular series of observations through my association with gentlemen who occupy a somewhat similar sphere of life one with another, and also with my patients who are of all ages, both sexes and of all conditions in life, regarding the prevalence of bad breath in those who do, and those who do not use tobacco. The results of this observation is (a) that among hard working business men a great many have bad breath very many days of the week; (b) that in this class among tobacco users it is rare if one has bad breath; (c) that women and men of similar conditions in life, when the men do not use tobacco, suffer about equally in this way. Reference is here made to the bad breath that comes in a reflex way ordinarily from digestive ailments and should be discriminated from the bad breath of tubercle, bad gums or bad teeth, although undoubtedly tobacco would modify any of these.

The question arises does the tobacco neutralize the cause or simply through its antiseptic effect destroy the odors emanating from the throat. I incline to the belief that it simply acts on the effect to deodorize the throat, but my experiments have not extended in this line very far yet. I invite correspondence on this subject with anyone having personal knowledge either theoretical or practical.



Iodine and the Knife in Tertiary Syphilis.

I recently had two cases in which the affection was a tertiary syphilitic manifestation in which the cure was rapid and satisfactory. The one was an ulcer of the tonsil which had resisted the treatment of a venereal specialist for a number of months. I simply abscised the tonsil with surrounding indurated mucous membrane. Three weeks have passed and throat is perfectly well. The second case was of necrosis of the palatal process of the superior maxillary. This was of a lady who acquired the affection prior to her marriage and neglected treatment partly through ignorance of its nature and partly through fear of being exposed, until there was a passageway into the nose from the mouth so that an ordinary pencil would pass through. The health of the patient was bad and the mouth in a very nasty condition. Large doses of potassium iodide and syringing with hydrogen dioxide gave relief in a few days, and in two weeks the necrotic bone was thrown off and all the parts were in a healthy state. In this case probably the stage of the diseased process was favorable, but I have no idea that nature would have done unaided what she did with the iodide.

Harvey Medical College.

Mid-Summer Courses of Lectures will be given in Anatomy, Physiology, Chemistry, Histology, Materia Medica and Bandaging for a period of eleven weeks beginning June 14, and ending August 28, 1897, at Harvey Medical College, Harvey building, 167-169-171 South Clark St., Chicago, Ill.

MACLEAN HOSPITAL REPORTS.

April 1, Dr. Janes.—Miss K., typhoid fever; assigned to cottage. Discharged April 28th.

April 3, Dr. Maclean.—Mrs. C., lacerated perineum with vesicocoele; operation April 4th. Discharged April 28th.

April 6, Dr. Webster.—Mr. S., anal fistula; operation April 7th; discharged April 20th.

April 10, Dr. Webster.—Mrs. R., trachelorrhaphy; discharged April 24th.

April 12, Dr. Webster.—Mrs. D., pelvic cellulitis; discharged April 26th.

April 12, Dr. Schultz.—Mrs. R., tuberculosis; removed April 19th.

April 19, Dr. Cornwall.—G. G. D., congenital paresis of external rectus muscle. Operation for advancement; discharged April 26th.

April 17, Dr. Mattner.—Mrs. G., intestinal obstruction; patient in moribund condition when brought to the hospital. Death on operating table.

April 23, Dr. Huckins.—Mrs. S., sarcoma of broad ligament; operation 25th. Death from hemorrhage and shock April 26th.

April 24, Dr. Gere.—Mr. T., dilatation of sphincter and trimming following former removal of lower inch of mucous membrane of rectum. Discharged April 27th.

April 24, Dr. Van Meter.—Mrs. V., trachelorrhaphy and perineorrhaphy; discharged May 8th.

April 27, Dr. Van Meter.—Mrs. F., perineorrhaphy and trachelorrhaphy; discharged May 9th.

May 1, Dr. Logan.—Mrs. T., lipoma over right side of thorax. Operation





May 2d; discharged May 9th.

May 3, Dr. Logan.—Miss M., absence of vagina; operation for establishment of vaginal canal May 4th. Ovaries and uterus were not found; patient well developed externally. Discharged June 2d.

May 3, Dr. Maclean.—Mrs. B., perineorrhaphy; discharged May 24th.

May 3, Dr. Van Meter.—Mrs. B., perineorrhaphy and trachelorrhaphy; discharged May 18th.

May 4, Dr. Webster.—Mrs. S., perineorrhaphy and trachelorrhaphy; operation by Dr. Maclean. Discharged May 25th.

May 5, Dr. Logan.—Mrs. L., trachelorrhaphy; discharged May 22d.

May 7,—Mrs. O., wanted a few days rest on account of general debility. Left May 14th.

May 10, Dr. Webster.—Mrs. S., perineorrhaphy. Operation May 11th; discharged June 2d.

May 10, Dr. Maclean.—Mrs. H., curettement, trachelorrhaphy and perineorrhaphy; discharged May 28th.

May 11, Dr. Hunsaker.—Mr. C., varicocele and elongated scrotum; discharged May 18th.

May 12, Dr. Harvey.—Mr. C., necrosis of femur and ilium. Operation May 13th; discharged May 28th.

May 14, Dr. Logan.—Mrs. W., trachelorrhaphy and perineorrhaphy; discharged June 2d.

May 14, Dr. Van Meter.—Mrs. McG., osteosarcoma of pelvis. Exploratory incision May 15th; discharged June 2d.

May 14, Dr. Van Meter.—Mrs. B., ventral fixation; discharged June 10th.

May 15, Dr. Janes.—Mrs. K., trach-

elorrhaphy; discharged May 30th.

May 17, Dr. Bainbridge.—Mr. H., varicocele and chronic epididymitis. Operation, castration, performed May 18th; discharged May 31st.

May 17, Drs. Bransford and Hunsaker.—Mrs. McF., enucleation of eye; discharged May 31st.

May 19, Dr. Van Meter.—Mrs. J., perineorrhaphy and trachelorrhaphy; discharged June 2d.

May 24, Dr. Van Meter.—Mrs. H., exploratory abdominal incision. Uneventful recovery.

May 25, Dr. Webster.—Mr. S., oblique inguinal hernia of twenty years standing, in patient 67 years of age. Operation by Dr. Van Meter, after Mc Kewen's method. Apparently excellent results, though patient had two stitch abscesses during the third week and made slow recovery.

May 27, Dr. Logan.—Mr. B., acute Bright's disease, in late stage. Patient greatly prostrated; death June 3d.

May 27, Dr. Janes.—Mrs. J., acute diffuse peritonitis of septic character, due to pyo-salpinx. Operation same day. Improvement seemed to follow operation at first, but the septic symptoms became aggravated and death followed May 30th.

May 30, Dr. Maclean.—Mr. McD., intestinal obstruction and irritation of long standing suggesting organic disease of bowel. Left June 13th, much relieved. Echinacea did the best work, apparently.

May 28, Dr. Scott.—Mrs. T., procidentia uteri. Operation for ventral fixation and trachelorrhaphy done by Dr. Scott following day. Excellent results, patient discharged June 13th.

H.T.W.



**CALIFORNIA : MEDICAL : JOURNAL**

Published by the California Medical College.

DR. C. N. MILLER, Managing Editor.

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*Terms: \$1.50 per annum. In Advance.*

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The Editor disclaims any responsibility for the statements or opinions of contributors.

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Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

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To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

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This JOURNAL will be issued on the first day of the month.

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Let all communications be addressed and money orders be made payable to the

CALIFORNIA MEDICAL JOURNAL,  
1422 Folsom Street,  
San Francisco - - - California.

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*Editorial.*

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**The California Medical College.**

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Announcements are out for the twentieth session of the California Medical College. Looking backward through the vicissitudes of fifteen years of college life, I can see no question of the permanency and future success of our institution. We now number two-hundred and sixty-odd alumni, among whom are some of the most successful practitioners of the Coast, and our school is constantly winning popular favor in new fields.

With our own examining board, our own State society, our own surgeons and specialists in every branch, we are enabled to view the future with all the complacency in the world, and push

forward to greater success with increased zeal. No other portion of the Union has done more within the past decade to advance Eclectic interests and success than the Eclectics of California, and no field offers greater room for future advancement,

Prospective students of medicine should bear in mind the fact that the Eclectic school is new and growthy, and offers grand opportunities for the preferment of all who enter its ranks. While the old school is crowded, and every place of preferment haunted by dozens of aspirants, the public is waiting, in a thousand hamlets, villages, and cities, to welcome Eclectic graduates to success, while honors for literary effort and therapeutic discovery beckon to all. The country is not yet half supplied with Eclectic physicians, even though the medical profession is crowded. Many places in California still offer inducements, and there are thousands of places in the East, where our school is appreciated even more than here, where our graduates may build practices and found permanent homes.

It is true that our old school competitors are stealing some of our thunder and appropriating some of our remedies, but it is patent to every competent observer that they make but indifferent headway in managing disease with them. It is one thing to possess the means, and another to know how to properly employ them. Few Allopathic physicians understand the use of Eclectic remedies, for this knowledge depends upon an understanding of Eclectic *methods*. This



knowledge can only be obtained in an Eclectic school. The student who prefers our practice but wants an old school diploma because he thinks he can get along more smoothly and attends an old school college with the intention of practicing with our remedies afterward, unless he possess some extraordinary advantage, makes a grave mistake. A large share of all the therapeutic success of the present time is founded upon the discoveries of the Eclectic school, and the fountain-head of medical knowledge is the place to drink the first draught.

The California Medical College offers excellent advantages in this respect. The Faculty have grown gray in the positions still occupied by them, and have not allowed the progress of the times to slip by unnoticed. They are still to the fore, prepared to teach the most advanced Eclecticism in medicine.

All we ask for is good timber, to turn out the most successful graduates in the world. In these hustling times, there is little room for mediocrity. Medical students should determine to improve every moment, and put in the full time allotted. Shirkers, those who aim to get through as easily as possible, and imagine that they possess the essential elements of success in-born, will learn of their error after they begin the battle of professional life. There can hardly be anything but failure for such. Students who imagine they are cheating their professors and their alma mater, usually find, in the long run, that they have cheated themselves most.

H.T.W.

### Something About Kaki.

Winthrop, Ark., June 8, 1897.

PROF. H. T. WEBSTER, M. D.,

DEAR SIR:—I read in your *Dynamical Therapeutics* about kaki being good for diarrhoea, dysentery, and chronic bowel troubles, and would like for you to tell me how to prepare the medicine from the persimmon so that it will retain all its medicinal properties without change.

A man came to my office with chronic diarrhoea of years standing, following typhoid fever, who had been treated by all the prominent doctors in the country without benefit, and when he came to me I thought it a hopeless case. However, I gave him a three-ounce bottle of the medicine that I had prepared by infusion preserved with whiskey, and he got well immediately. This is all the medicine he has taken to date, about three months since. Respectfully,

W. M. LAMBERT, M. D.

### "Some New Methods in Surgery."

The article under above title in the present issue is worthy of careful attention. The method there advanced by Dr. Van Meter of inducing sterility in women when necessary by the ligation or excision of a portion of the Fallopian tubes is a bold and startling proposition, but one which promises to be eminently satisfactory. This is evidenced by the following quotation from a letter from Dr. Van Meter's patient upon whom the operation was performed, which was received after



the article had gone to press. The letter refers to the patient's *second* menstruation after the operation:

"I 'came round,' Sunday, without one pain or ache; something entirely new. Remained so three days, in lieu of ten days, and sometimes two weeks. Honestly, I never felt so well or strong in my life."

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#### "Our Journal."

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A very gratifying response was received to the bills for the second quarter that were recently sent to our subscribers in arrears. Many have allowed their accounts to fall behind during the hard times and are still in debt. To all such we are disposed to deal with the utmost fairness. Write us in regard to the matter. We want and must have every Eclectic on the Pacific Coast to become interested in Our Coast JOURNAL.

Surely to be kept posted in regard to what is being done by our own men, to be in touch and harmony with their efforts to advance our cause, and to receive many useful hints in matters vital to our success as physicians, all for a paltry dollar and a half is a privilege that no Eclectic true to his colors will neglect.

We shall greatly appreciate remittances forwarded during July. Help us out doctor. As soon as your business will at all justify the small outlay of a year's subscription, do not wait a moment longer. Let us all join to boom OUR JOURNAL. As a simple business proposition we cannot afford to cripple its power.

#### Congenital Absence of Generative Organs.

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An interesting case, under the professional care of Dr. Logan, was in Maclean Hospital during the month of May. It was a case of congenital absence of the vagina, in an individual of thirty-five years of age, who, strange as it may seem, possesses rather remarkable development of the female characteristics externally, the bust being large and voluptuous, the breasts extremely well developed, the hips full and rounded, and the external genitalia perfect in every respect, as well formed as those found in most women.

The space between the meatus urinarius and fossa navicularis however was without depression or opening, and Professor Maclean, who operated upon the case, found complete absence of the vaginal canal. An opening was made in the proper place, and the tissues separated along the vesico-rectal septum, until the proper depth was reached, but not a vestige of ovaries or uterus was found. I saw into the canal through a speculum the following day and observed that one side presented a rugous appearance, similar to that of the vaginal mucous membrane, though the tissues were pallid. There was much difficulty in keeping the artificial canal open as healing progressed, and it is doubtful that the operation will prove particularly beneficial, though the patient may derive some mental influence of satisfactory nature.

The patient is a well-known vocalist, whose voice has charmed many church-



goers and visitors of social entertainments in this city in the past, and she possesses other excellent qualities of mind and heart, being admired and respected by a large circle of friends. Apparently, her instincts are strongly feminine, if not sexual, and yet the important organs of generation are absent.

Atresia of the vagina is the technical appellation for this condition, the term signifying "closure, constriction, or absence of one of the natural passages of the body." In this case there was evidently lack of development from some cause during pre-natal existence, as there was not only atresia of the vagina but arrest of development of all the internal organs of generation. During late years the subject has been a severe sufferer from fortnightly attacks of intense headache, a paroxysm usually lasting without intermission for twenty-four hours.

The case is by no means unique, though they are seldom reported. Briesky, in the *Cyclopædia of Gynecology and Obstetrics* published by Wm. Wood & Company in 1897, remarks: "In five cases of total atresia in the living subject, I observed rudimentary development of the uterus; and in three cases there was no trace of the organ at all. In one large handsome woman, twenty years old, with large and well-developed mammae, but undeveloped nipples, I found a regular vulva with ruptured hymen; but the labia minora were small, and there was exceptionally little hair upon the mons veneris. The vagina formed a blind sac two and one half inches long, and

its columns were imperfectly marked. A careful recto-abdominal examination showed no trace of the uterus; the plicæ Douglassii lay directly against the bladder. In the left inguinal region of the abdominal cavity, was an elongated, smooth, somewhat moveable body, the size of an almond; on the right side, deeper and more difficult to reach, was a similar one. The pelvis was but little inclined; and though the hips were broad, the pubic arch was narrow. The palpably incorrect statement was made that there had been occasional slight menstruation since the sixteenth year. The case reminded me vividly of the one Steglehner observed, of female external genitals with the presence of a testicle, though I could not demonstrate the existence of the vasa deferentia. I was told, however, that the patient had been repeatedly noticed to manifest erotic inclinations for young girls, which would point toward hermaphroditism."

In this case, however, the patient is eminently feminine in her instincts, admires fine-looking men, enjoys their society, and is evidently wholly womanish. Rumor has hinted that the operation was courted and submitted to with the hope that she might become wholly a woman, with view toward matrimonial union with a gentleman well known and respected in business and social circles. H.T.W.

#### Actual Cautery.

A new combined thermo cautery has recently been put in the market and is favorably adapted by all the leading physicians. F. Drumm, maker. See ad.



### Weather Note.

Mrs. S., recently an inmate of the Maclean Hospital, writing from Dean, Nevada, reports eight inches of snow on the ground on the morning of June 15th.

H.T.W.

### Hypnotism.

We are pleased to call general attention to the article on hypnotism in the present number, by Mr. Sydney Flower.

There is a growing interest in this subject among the profession and general public as well. The journal of which Mr. Flower is editor, the announcement of which appears in our ad. pages, should be in every doctor's office. This investigation is but another bar in the music of the times, we must keep step or fall behind.

### Radiographer.

E. Fleischman, Radiographer, X-Ray Laboratory, 611 Sutter St., San Francisco. Hours, 9 to 12 A. M. and 2 to 8 P. M. Telephone, Green 391. Prices on application. Appointments to suit your convenience. Personal inspection invited.

### R. W. Musgrave, M. D.

The president of our State Society has been appointed a member of the State Lunacy Commission for Kings county. Dr. Musgrave is a man of skill, good judgment and influence. Any case that passes under his inspection will be certain to receive justice and kindness.

### Up North.

Chehalis, Wash., May 25, 1897.

EDITOR CAL. MED. JOURNAL:

DEAR SIR:—I am a great admirer of OUR JOURNAL, and hope to write you at length in the near future. We are having a hard time to crystalize Eclecticism in this State, the doctors have been so much abused and legislated against they are discouraged, *but I am not made that way.*

I don't know when I am downed. You will hear from this State next meeting of the legislature or I am no prophet.

We made an effort recently to have one Eclectic appointed on examining board, without success. We now propose an amendment to the law, not to ask but to demand recognition.

Success to you. Yours,

M. L. DOOM, M. D.

### Longer Term.

The president of the National in his opening address which appears in the present issue recommends that the presiding officer be appointed for two years instead of one.

The suggestion is good sense and in the line of progress. The plan should also be adopted by our State Society. In one year a man can only find out the needs of the society and formulate plans for promoting its welfare. There should be at least a strong unwritten law if not an amendment to the constitution that a *worker* should have all the time he required in office to accomplish desired ends.



### The National for '98.

OFFICERS:—President, E. J. Farnum, M. D., Chicago, Ill.; First Vice President, David Williams, M. D., Columbus, Ohio; Second Vice-President, J. T. McClanahan, M. D., Booneville, Mo.; Third Vice-President, W. L. Marks, M. D., Grand Rapids, Michigan; Recording Secretary, W. E. Kinnett, M. D., Yorkville, Ill.; Treasurer, W. T. Gemmill, M. D., Forest, Ohio; Corresponding Secretary, Pitts Edwin Howes, M. D., Boston, Mass. Next meeting at Omaha, Nebraska.

### *Medical Societies.*

#### Massachusetts Eclectics Meet.

The thirty-seventh annual meeting of the Massachusetts Eclectic Medical Society was held at the Thorndike, Boylston Street, Boston, Mass., Thursday and Friday, June 3d and 4th, '97.

##### PROGRAM, FIRST DAY.

Reading records; reports of committees; election of officers; essay, Cholera Infantum, A. L. Pattee, M. D.; lunch; essay, Nasal and Naso-pharyngeal Diphtheria, Pitts Edwin Howes, M. D.; essay, Uterine Hydatids and Moles, D. L. Powe, M. D.

Thursday evening, the Boston District Eclectic Medical Society held a special meeting at the Thorndike, to which all members of the State Society were cordially invited. Dinner was served at 7:45 P. M.

##### SECOND DAY.

Essay, Electricity in Orificial Work, Nathan L. Allen, M. D.; essay, Obstet-

ric Oddities, J. H. Bell, M. D.; new business; essay, Sarcomata of Bone, John Perrins, M. D., a description of a recent case, during which the patient, and photographs taken by x-ray process—both before and after treatment, were presented; essay, Facial Neuralgia and the Folly of Surgical Interference, Prof G. O. Heffler, M. D.; Oration; Annual Dinner.

PITTS EDWIN HOWES, Secretary.

#### American Medical Association.

This association of physicians recently held a most successful meeting at Atlantic City, New Jersey. About one thousand members were in attendance and besides having a general good time much business of importance to the Allopathic fraternity was transacted. We are in receipt of the poem of welcome written for the occasion by Dr. James North of Atlantic City. The poem was scholarly and appropriate as will be indicated by the following stanza:

Here 'mid such scenes as poets sang of old  
You meet Past Masters by the sounding seas,  
To weld fraternal links, stronger than gold,  
In that long chain of which Hippocrates  
And Galen, 'mid the lesser lights, shine bright,  
Like stars along the heaven's milky way,  
Changing the darkness of the centuries' night  
Into the splendor of the present day.

#### Aseptic Hypodermic Syringe.

Aloe's new aseptic hypodermic syringe, price in neat aluminum case, with two needles and four tablet vials, \$3.00. This syringe has the great advantage over all others—it can be easily taken apart, boiled and cleaned, or sterilized, without the slightest interference with its working qualities, and therefore is perfectly ASEPTIC. A. S. Aloe Co., St. Louis, Mo.



## *Publisher's Notes.*

### Pain Remedies.

The most powerful combination for the speedy relief of severe pain, no matter where located, is this:

R Salo-Sedatus                      grs. xxxij  
     Codeine                              gr. j  
 M Divide into four powders.

One powder will relieve nearly any case of pain in from five to fifteen minutes. Try it for a severe headache, dysmenorrhœa, neuralgia—no matter what kind of pain—and you will find that you will rarely have to repeat the dose; if you do you can repeat every three, six or twelve hours, as required, and positively no disagreeable after effects. I carry these powders with me all the time.

GEO. C. PITZER, M. D.,  
 St. Louis, Mo.

### It Has No Rival.

At the meeting of the American Medical Association, held at Washington, D. C., Dr. John H. McIntyre reported "Ten Selected Cases of Laparotomy, with Remarks." From this paper, published in the *Journal of the American Medical Association*, we quote as follows:

"I use but little opium or morphia, for the reason that these drugs, by locking up the secretions, limit the power of elimination, and therefore favor septicæmia. For over a year past, in cases of leparotomy where pain and rise of temperature were present, I have used antikamnia in ten-grain doses, with the happiest effects."

A further objection to opium and its derivatives is referred to in an article by Dr. Herman D. Marcus, resident physician, Philadelphia Hospital (Blockley), published in *Gaillard's Medical Journal*, from which we quote: "There is probably no group of diseases in which pain is such a prominent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of antikamnia than in the treatment of such affections. An obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikamnia causes no habit, and I have never found a patient refuse to take it."

### Rheumatism and Neuralgias of Malarial Origin.

"Whatever may be the first cause of the group of pathological conditions, which are usually classed under the head of malarial diseases, and in the treatment of which antipyretics play so an important a part, there are certain sequelæ of malaria for which all antipyretics are powerless, from quinine down to the latest products of German dye-works. Such are the rheumatisms and neuralgias accompanying or following attacks of malarial fever or coexisting with malarial cachexia. These must be treated per se. The experience of thousands of medical men goes to prove that rheumatism or neuralgia concurrent with or following malaria must be treated in exactly the same manner and by the same agents as is the case when these



troubles arise from other causes. In such conditions there is particularly indicated the eliminative action of Tongaline, either liquid or tablets, or in the form of Tongaline and Lithia Tablets and Tongaline and Quinine Tablets."

#### Childs Laxative.

Each tablet contains one grain each, senna and rhubarb, with sugar and wintergreen. Dose: 1 to 3 for a child, or 3 to 5 for adults. This is a fine cathartic, and as attractive as candy. Price, lb. \$1.20, post paid. Waterhouse Pharmacy Co., St. Louis, Mo.

#### Imperial Granum.

This standard prepared food for invalids and children has won the enviable distinction of having successfully stood the crucial test of years of actual clinical experience in private practice, sanitariums and hospitals, while numerous competing preparations have appeared and disappeared—often so completely that even their names are forgotten. The Imperial Granum, however, enjoys so universally the confidence of physicians that its merits are beyond dispute. Moreover, the decision of its manufacturers not to publicly advertise it has secured for it the endorsement of even the most ethical members of the medical profession, who dislike to prescribe any article advertised broadcast to the people and profession alike. Physicians can obtain sample packages free, charges prepaid, on application to the Imperial Granum Co., New Haven, Conn., or of John Carle & Sons, New York City.

#### Aletris Cordial.

Wm. Geddes, M. D., 1720 14th St., Washington, D. C., says: Aletris Cordial has proven, in a case of dysmenorrhea of some years standing, wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the Aletris Cordial, and sufficient time having elapsed for me to speak of the permanence of the cure, I can say that I propose to continue the use of Aletris Cordial in all such cases, and wherever a uterine tonic is indicated.

#### A Great Chair.

The ever popular "Perfection" Operating Tables, Gynecological Chairs and Combination Cabinets, known all over the world as the best on the market, are sold at reasonable prices and on most favorable terms. The well-known reputation of the Perfection Chair Co., is a sufficient guarantee that any article made by them will give perfect satisfaction, and their conservative methods of business always inspire confidence in every one who deal with them.

Physicians and surgeons will find it to their interest to write for descriptive circulars, prices and terms, before making purchases. Address, The Perfection Chair Company, Indianapolis, Indiana.—*Med. Sentinel, Portland, Or.*

#### A Valuable Hypnotic in Pneumonia.

The necessity of over-coming the insomnia attending certain cases of pneumonia, ought to be evident to



every physician. Probably nothing known to the profession can alleviate the distressing symptom of sleeplessness so satisfactorily and with so few after effects as Bromidia. By the use of this reliable preparation we can obviate the effects of losing sleep and at the same time feel that the heart's action is unimpaired, a dire calamity in a pneumonic process.—*Vermont Medical Monthly*, Feb. '97

#### A Good Thing.

Investigations made during the past year by our bacterologist prove that our ideas regarding many things are erroneous, thus the antiseptic agents used in ointment vehicles of a pure fatty nature are of very little use, and in a number of cases, if not dispensed in the most careful manner are injurious. As an example: Oxide of zinc ointment is without antiseptic properties. While a fresh ointment is a useful remedial agent, especially in local treatment, a rancid one can do much damage. There is a growing demand for a thoroughly antiseptic ointment and the medical profession now recognize asepticism in an ointment to be as important as in the case of a solution. Recognizing this, The Norwich Pharmacal Co., in presenting their Unguentine to the profession use a pure petroleum base to which is added Lord Lister's sheet anchor carbolic acid. This with Ichthyol is their modification of the Sir Astley Cooper formula, and when Unguentine is applied to a wound or other lesion it forms at once a thin film which totally excludes the atmosphere and

prevents bacterial invasion, making it the best surgical dressing in the world.

#### Clinton E. Worden & Co.

It always gives us pleasure to speak a word in behalf of this popular house. Their trade is rapidly extending throughout the West of our own country, and through Mexico, Central and South America as well. Send for the catalogue of this great house and see what good things they have in store for you.

#### Tongaline.

"This product of pharmacy has developed, therapeutically, into lines of pathology which have not been suggested in the original manifesto as given out by its authors. We have received reports of its satisfactory employment in two very important cases—one of chronic catarrh, by insufflation, and another in the excitement of nerve function in paresis. The latter case was very striking, seeming to respond promptly to the internal administration of the remedy. We look for great results from this preparation in the near future."—*St. Louis, Clinique*, March 1897.

#### Unguentine.

Seville, Ohio, Nov. 3, 1893.

Norwich Pharmacal Co.,

GENTLEMEN:—I have used unguentine with happy results, am well pleased with the elegance of the preparation. I find it specially useful in scrotal eczema, rectal fissure, internal hemorrhoids, varicose ulcers and all open sores. Its antiseptic and healing properties are very satisfactory.

Yours truly, WM. BIGHAM, M. D.



### *Book Notes.*

**DISEASES OF THE EAR, NOSE AND THROAT AND THEIR ACCESSORY CAVITIES.** A condensed text-book, by Seth Scott Bishop, M. D., L. L. D., Professor in the Chicago Post Graduate Medical School and Hospital. Illustrated with 100 colored lithographs and 168 additional illustrations. One volume, royal octavo, pages xvi-496. Extra cloth, \$4.00, net; sheep or half Russia \$5.00, net. The F. A. Davis Co., publishers, 1914 and 1916 Cherry St., Philadelphia; 117 W. Forty-second St., New York; 9 Lakeside Building, Chicago.

This work was primarily designed as a text-book but it might appropriately be termed a key or introduction to the exhaustive treatises already in the field. As such it meets the demand for a more simplified and condensed presentation of the subject. It contains the latest developments concerning diphtheria, the blood-serum therapy, the medical and surgical management of mastoid diseases, the most successful treatment of hay fever, the improved compressed air treatments, vaporizing apparatus, inhalents, etc. Those subjects are given special prominence.

**SURGERY OF THE RECTUM AND PELVIS** by Charles B. Kelsey, A. M., M. D., New York, Professor of Surgery at the New York Post-Graduate Medical School and Hospital; member of the New York Academy of Medicine, etc., with two hundred and eighty-one illustrations and half-tone plates. Publishers, Richard Kettles & Co., 129 Fifth Ave.,

New York.

This is the most complete work on this important subject that has yet appeared. The impossibility of separating diseases of the rectum in practice from so-called gynæcology and genito-urinary diseases is apparent in such cases as laceration of the sphincters, proctoceles, recto-vaginal fistula, pelvic abscess in women, displacement of the uterus, acute and chronic prostatitis and hypertrophy of the prostate; all of which are constantly associated with rectal symptoms.

In including in this valuable work the surgical procedures necessary for the cure of these allied affections, the author has followed what experience has proved to be the natural course in practice.

**THE EYE AS AN AID IN GENERAL DIAGNOSIS.** A hand-book for the use of students and general practitioners. By E. H. Linnell, M. D., Philadelphia, 518-20 Minor Street. Publishers, The Edwards & Docker Co.

This book has been written by a specialist of long experience. It is well illustrated and is up to date in what its title indicates a "Hand-book of Diagnosis." It perfectly fills a vacant niche in the physicians library.

**REVIEW OF REVIEWS.** The Greco-Turkish war, the Cuban insurrection, and the sealing question are the principle topics covered by the *May Review of Reviews*, in editorials, special articles, and magazine and book reviews, together with cartoon and other illustrations.

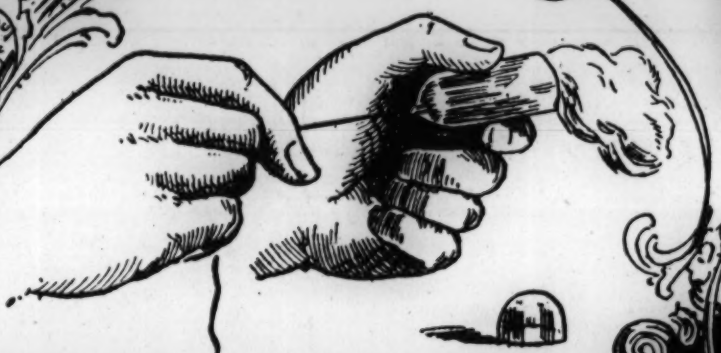


# THE ANDERSON VAGINAL CAPSULES FOR THE LOCAL TREATMENT OF DISEASES OF THE VAGINA AND UTERUS

THE MOST PRACTICAL, CONVENIENT AND CLEANLY MEANS  
FOR INTRODUCING REMEDIES INTO THE VAGINA:  
ANTISEPTIC & PERFECTLY SOLUBLE  
TAMPON MAY BE MEDICATED WITH ANY REMEDY INDICATED:  
VALUABLE AS A PESSARY



MEDICATING THE TAMPON



REPLACING THE TAMPON IN THE CAPSULE  
AFTER MEDICATING.

**NO** HANDLING OF DISAGREEABLE DRUGS.  
LOSS OF MEDICATION IN THE INTRODUCTION.  
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ANNOYANCE TO THE PATIENT  
OF FREQUENT EXPOSURE AVOIDED.  
By Mail prepaid on receipt of price 60¢ per Box.

**THE HALL CAPSULE CO.**  
CINCINNATI, O.

## How do You do

to avoid mistakes on the part of the careless patient when two capsuled prescriptions are given, to be taken in alternation?

**OR,**

when you desire for any reason to disguise the contents of a capsule or change the appearance of a prescription in capsule form, without changing its character?

**DOCTOR,** we would suggest in such cases the use of the

## Ruby Capsule

They are made in the same sizes as the ordinary white capsule of the best French Gelatin, with a harmless red coloring matter, are perfectly soluble, are perfectly fitted, are attractive and desirable for a "change."

Sample box of 1,000 Capsules sent postpaid on receipt of one dollar. Box of 100 for fifteen cts.

**THE HALL CAPSULE CO.**

Manufacturing Chemists,

PATENT APPLIED FOR.

CINCINNATI, O.

## "A REJUVENATION.

FOLLOWS ITS USE,

## A GENERAL NERVOUS SYSTEM

becomes balanced and invigorated."

From the favorable reports of the medical profession and after a thorough investigation of its properties, we have been induced to add to the well-known formula of our

## PIL PALMETTINE,

**EXTRACT OF** Saw Palmetto (Sabal Serrulata) making the best combination in pill form for *Brain Exhaustion, Sexual Neurasthenia* and all diseases arising from *Mental or Physical Debility*.

The formula is designed with special reference to the glands of the reproductive organs, tending to *increase their activity and promote their secretive power*.

It is recommended in cases of enlarged prostate, wasting of Testes, such as follows Varicocele, or is induced by Masturbation, and which is often present in sexual impotency or debility from seminal losses.

Its action is that of a great vitalizer, and in presenting it to the notice of the profession we claim for our Pil Palmettine its general superiority as a **APHRODISIAC** specifically affecting the organs of generation in male and female. We invite your investigation.

In bottles of 100 pills, \$1.00 net, by mail, prepaid on receipt of price.

**The HALL CAPSULE CO.,**

Manufacturing Chemists,

CINCINNATI, O., U. S. A




# LINEN VERSUS WOOL.

The defect of wool in the power of quickly absorbing and eliminating moisture is a serious one, and if properly understood would do away with its use for underclothing. A woolen undergarment, when first put on the dry body, will impart to the same a feeling of warmth and comfort, which will continue as long as the evaporation of the skin is not in excess of the ability of the wool to absorb and eliminate the moisture. However, if in consequence of impaired radiation of heat, as in summer time, or a greater production of heat as by physical exertion, evaporation should be increased, wool will no longer be able to absorb the moisture as fast as excreted from the skin, nor will it be able to part with all it may absorb, hence the skin and the air surrounding it, as well as the garment itself, will be moist, and further evaporation will be greatly interfered with. The feeling of oppression which the body experiences under such conditions, and which is due to the retention of heat, those who wear wool next to the skin are best qualified to describe.

Moisture and velocity of air augment the conduction of heat. If the wet body should under the above conditions be exposed to a draught, a rapid abstraction of heat would at once take place, which would chill the body and which usually results in a cold. It is a matter of daily observation that all those who wear wool next to the skin are very prone to contract colds.

A POROUS LINEN, having the advantage over all other fabrics of absorbing moisture and eliminating it quickly, will provide for a dry climate around our body, hence will enable us to stand extremes of heat and extremes of cold with comparative comfort. Having further the property of cleanliness and being non-irritating to the skin, its advantages for the purpose of underclothing at all seasons of the year should be recognized by all thinking physicians.

 Write for Catalogue.

## The Deimel Linen-Mesh System Co.,

NEW YORK;  
409-415 Pearl street.

 SAN FRANCISCO  
111 Montgomery street.

### AGENCIES ON THE PACIFIC COAST:

C. C. DESMOND, BEEMAN & HENDEE, THE GREAT WARDROBE. G. F. TRENWITH.	{ Los Angeles. Santa Barbara.
W. H. DOUD, San Diego. F. P. MESERVE, Redlands. HART & ROBERTS, San Jose. FLINT'S PHARMACY, Oakland.	G. ROUSE & Co., Riverside. ALBERT ELKUS, Sacramento. W. A. MCNAMARA, Eureka. BUFFUM & PENDLETON, Portland, Ore.



WM. S. MERRELL CHEMICAL COMPANY  
—OF CINCINNATI—

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# Substitution

REDUCED TO A SCIENCE.

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Physicians as well as druggists have their preferences, and when founded on a thorough knowledge of the character and quality of the article ordered or prescribed, are usually strenuous to obtain what they want.

The jobbing druggist, or physicians' supply house, should be a distributor only. Any attempt to step out of this special sphere of his business and dictate to the customer should be resented as an infringement upon the right to every purchaser to get what he orders.

Substitution, as practiced in the past, has in some cases been forced upon the seller. Distance from source of supply, limited and irregular demand, and uncertainty as to the wants of the customer, especially in respect to new remedies, have all contributed to make substitution a possibility without violating the confidence of the purchaser.

**Substitution, in these latter days, has been reduced to a science**

No better illustration could be given than by referring to a circular issued by a physicians' supply house, which has no doubt been seen and commented upon by many of our friends. This special house accompanies invoices with a circular letter in which is provided a regular space headed "Substitutions," and following this is an explanation from which we quote:

"We always try to accommodate our customers by purchasing the article outside if possible; when that is not possible and in our judgment our customers will be better served by substituting the nearest article we have, rather than delay the order, we do so."

This states in effect, that the stock kept on hand by these parties is made up to suit themselves, both as to convenience and profit derived from the sale of any special lines of manufacture. Under this wonderful declaration of policy, it is not necessary for them to carry the preparations most in demand, for the right is assumed to substitute wherever in their judgment they think it best to do so. The medical profession cannot run the risk of such methods. Preparations ordered from a house declaring such a policy cannot be obtained with certainty, for the wish of the customer is secondary to the financial interest of the jobber.



The Merrell Company contend as an unalterable principle of business, that no jobber or physicians' supply house, or indeed anyone selling medicinal preparations of whatever kind, has the least right to disregard the wishes of the physician.

It is not a sufficient defense in ethics or law that the article sent as a substitute is "just as good," "same formula," "cheaper," "the same thing," or indeed better than the article ordered. Neither is it sufficient to say that "articles when so substituted can, if not satisfactory, be returned" at the expense of the sender.

A physician orders a special preparation because he wants it. His judgment is based upon experience in its use. It may possibly have been ordered to meet an emergency, in which his professional reputation and it may be the life of his patient are both at stake.

**An era of cheap goods is upon us.**

It remains for the physician to say whether he will risk professional success by catering to the demands for cheap prices regardless of quality.

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**CALIFORNIA.**—*Officers:* President, R. W. Musgrave, M. D., Hanford; 1st vice-president, E. H. Mattner, M. D., San Francisco; 2nd vice-president, Florence B. Wall, M. D., Valley Springs; secretary, B. Stetson, M. D., Oakland; corresponding secretary, J. C. Bainbridge, M. D., San Francisco; treasurer, H. W. Hunsaker, San Francisco. Meets at San Francisco, November 16, 1897.

**COLORADO.**—*Officers:* President, T. W. Miles, M. D., corner 17th & Stout streets, Denver. Meets in spring of 1897.

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**DELAWARE.**—No Society.

**DIST. OF COLUMBIA.**—*Officers:* Secretary, E. G. Benson, M. D. Meets at 1343 F street N. W., Washington.

**FLORIDA.**—No Society.

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**IOWA.**—*Officers:* President, B. T. Cadd, M. D., Mitchellville; vice-president, Hattie F. Whitacre, M. D., Des Moines; recording secretary, E. D. Wiley, M. D., Des Moines; corresponding secretary, G. P. Burtchby, M. D., Montezuma; treasurer, W. W. Maple, M. D., Des Moines. Meets at Des Moines, May 19 and 20, 1897.

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**MINNESOTA.**—No Society.



**MISSISSIPPI.—No Society.**

**MISSOURI.—Officers:** President, M. M. Hamblin, M. D., St. Louis; 1st vice-president, G. Walker, M. D., Cross Timbers; secretary, W. E. Smith, M. D., Catawissa; treasurer, M. A. Vorbeck, M. D., St. Louis; corresponding secretary, E. L. Standlee, M. D., St. Louis. Meets at St. Louis, June, 1897.

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**NEW ENGLAND ECLECTIC MEDICAL ASSOCIATION.—Officers:** President, H. N. Waite, M. D., Johnson, Vt.; 1st vice-president, S. B. Munn, M. D., Waterbury, Conn.; 2nd vice-president, F. W. Abbott, M. D., Taunton, Mass.; 3rd vice-president, T. J. Batchelder, M. D., Machias, Maine; recording secretary, W. F. Fleet, M. D., Cambridge Mass.; treasurer, H. N. Waite, M. D., Johnson, Vt. Meets at Montpelier, Vt., June 1, 2 and 3, 1897.

**NEW HAMPSHIRE.—Officers:** President, W. F. Templeton, M. D., Manchester; secretary, N. L. True, M. D., Laconia. Meets at —.

**NEW JERSEY.—Officers:** President, David P. Borden, M. D.; vice-President, J. Edw. Potter, M. D.; secretary, Amanda W. Taft, M. D., Newark; treasurer, Anna T. Niveson, M. D., Newark. Meets at —.

**NEW YORK.—Officers:** President, F. H. Lawrence, M. D., Kanona; recording secretary, S. B. Harvey, M. D., New York City; secretary and treasurer, O. W. Sutton, M. D., Bath. Meets at New York City, March 28 and 29.

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**RHODE ISLAND.—No Society.**

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**TEXAS.—Officers:** President, W. J. Bell, M. D., Gainesville; secretary, L. S. Downs, M. D., Galveston; treasurer, J. H. Mitchell, M. D., Dallas. Next meeting at —.

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**WISCONSIN.—Officers:** President, Frank P. Klahr, M. D., Horicon; 1st vice-president, C. E. Cole, M. D., Prairie du Chien; 2d vice-president, H. H. Norris, M. D., Rio; treasurer, J. F. Stillman, M. D., Kilbourn; recording secretary, T. H. Vernon, M. D., Hillsboro; corresponding secretary, W. A. Pratt, M. D., Warrens. Meets at Milwaukee on the last Thursday in May.



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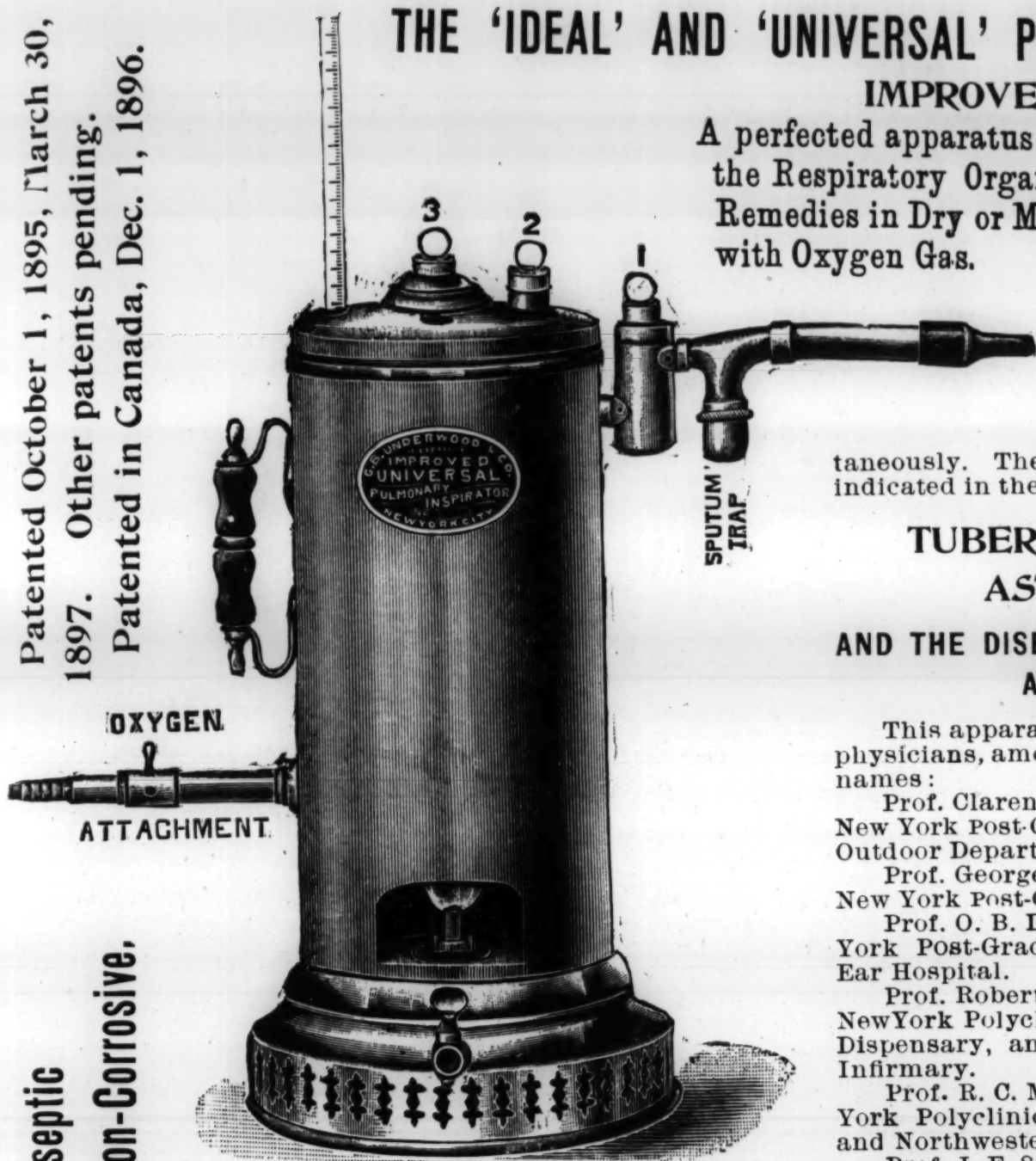
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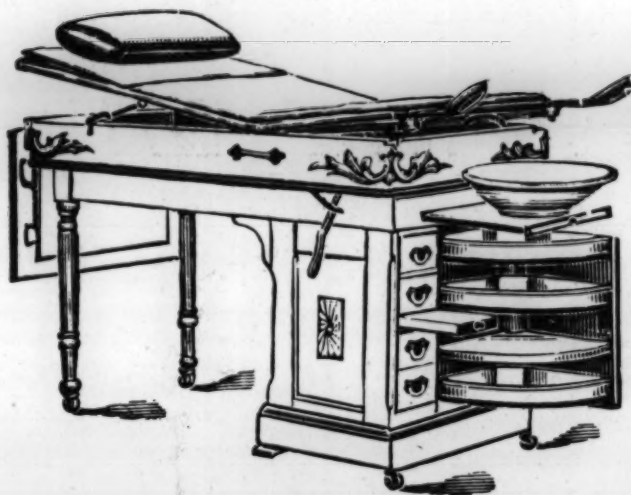
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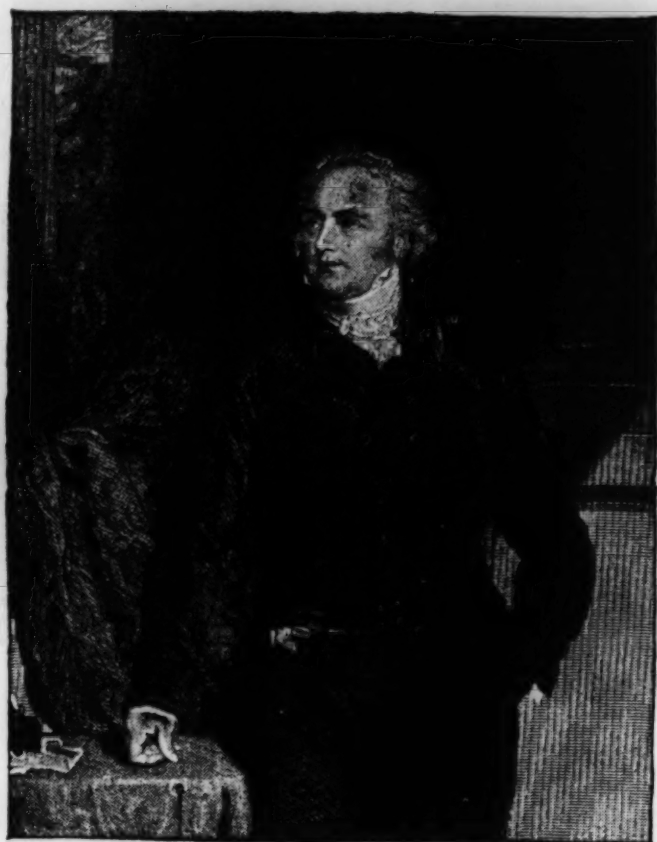
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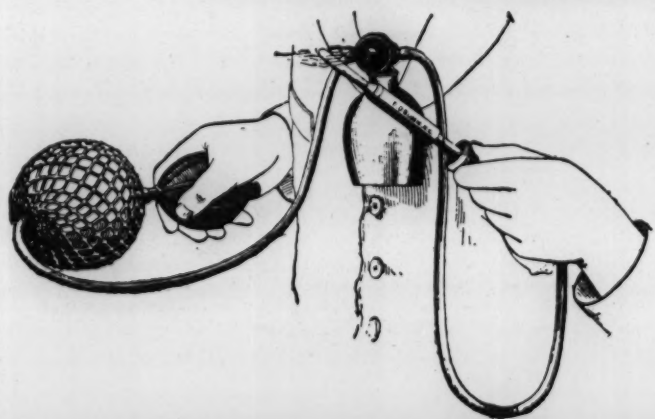
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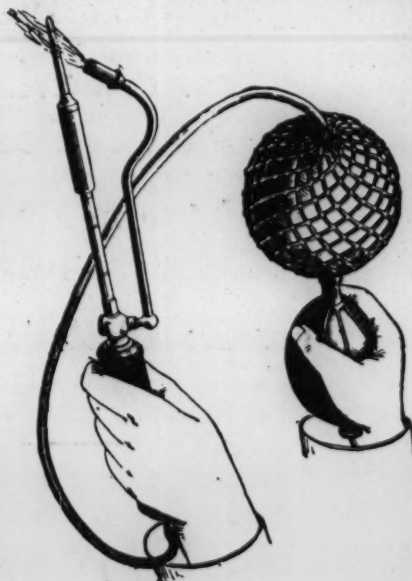
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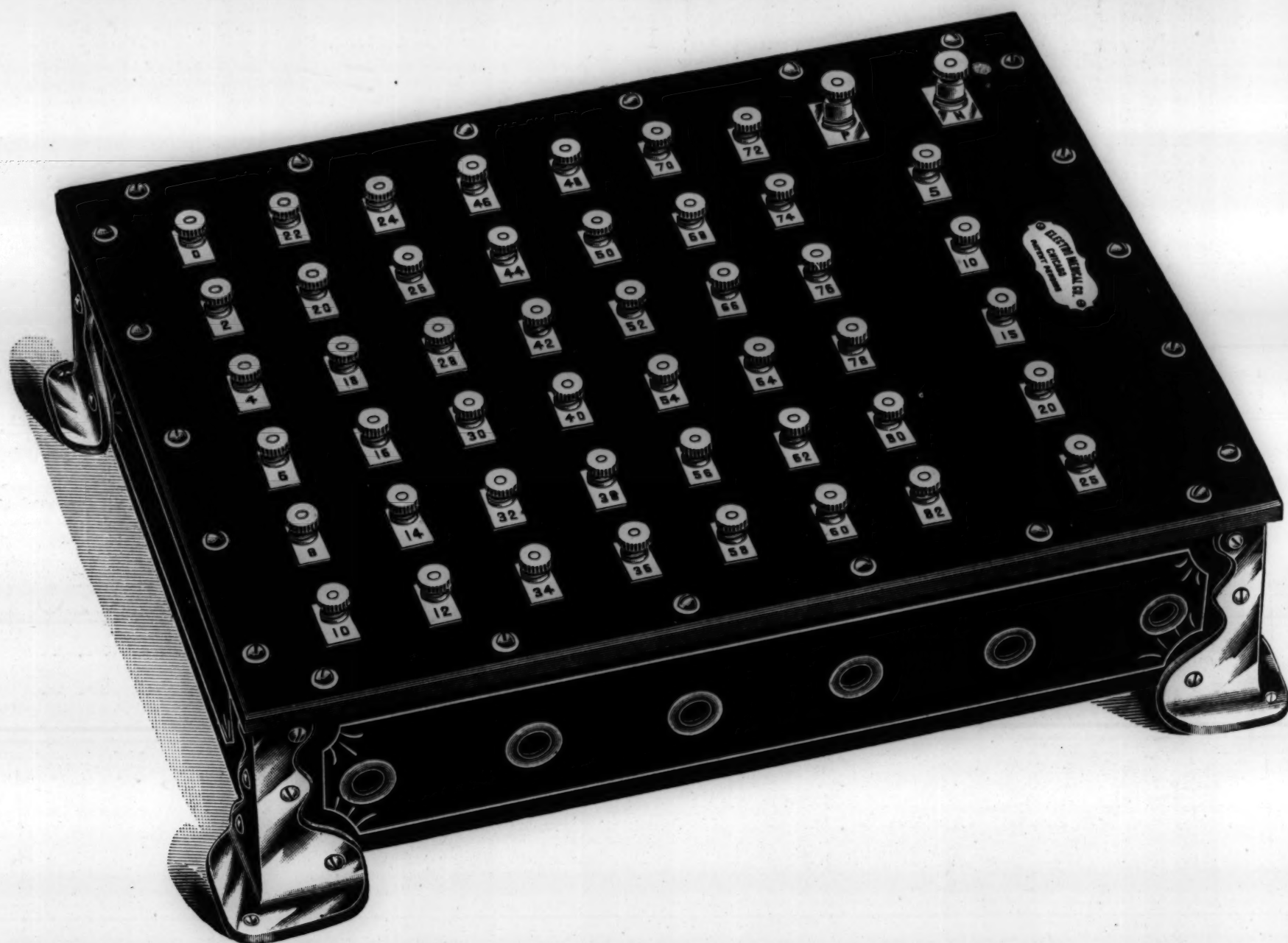
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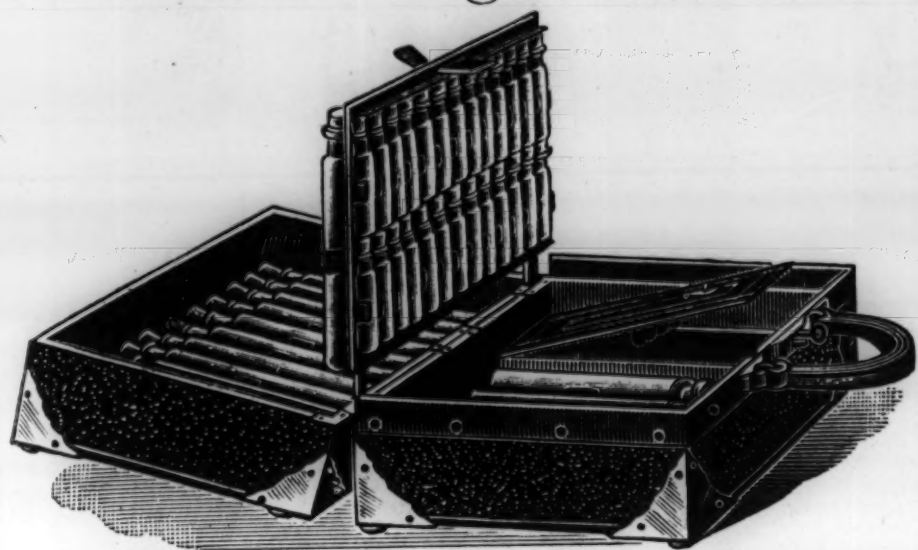
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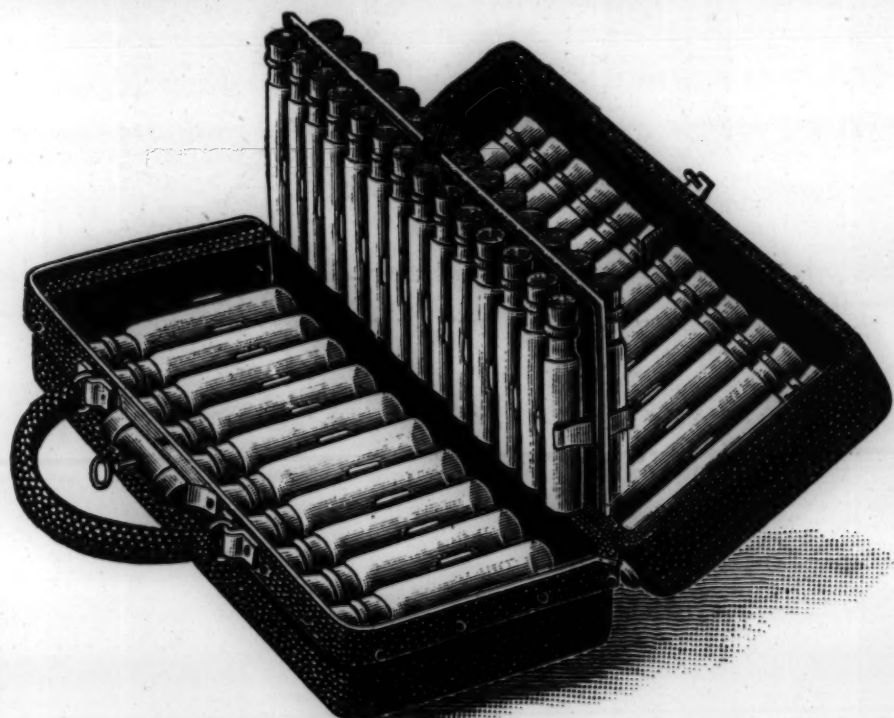
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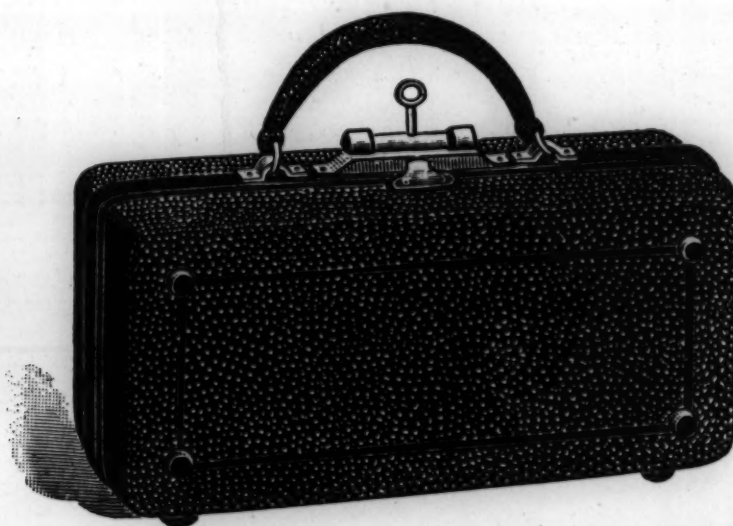
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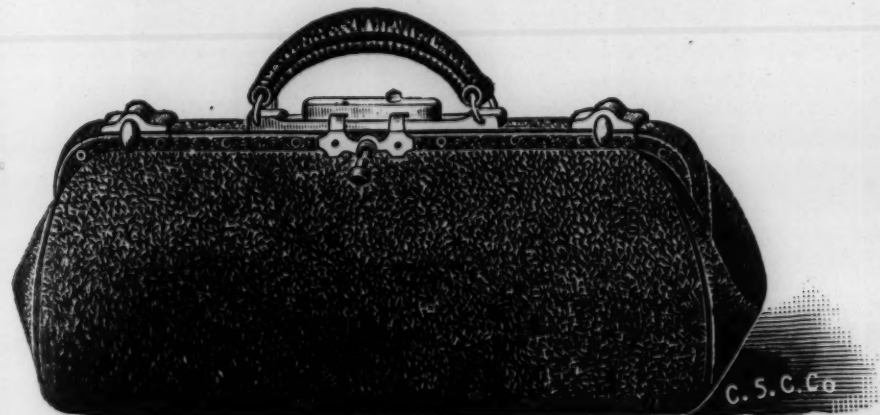


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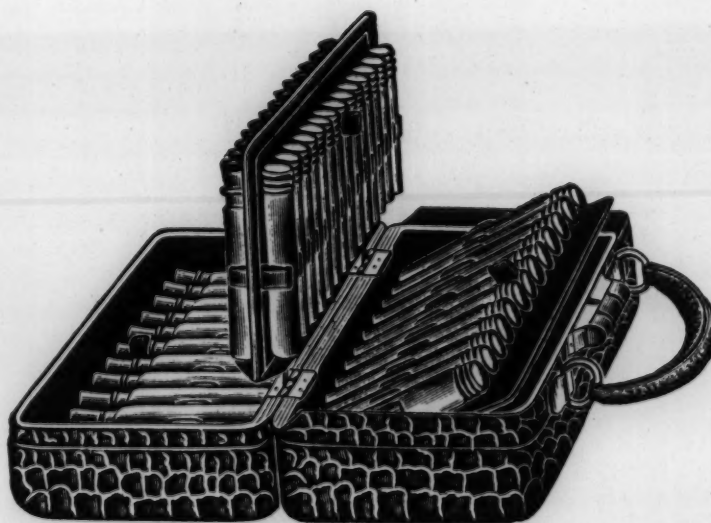


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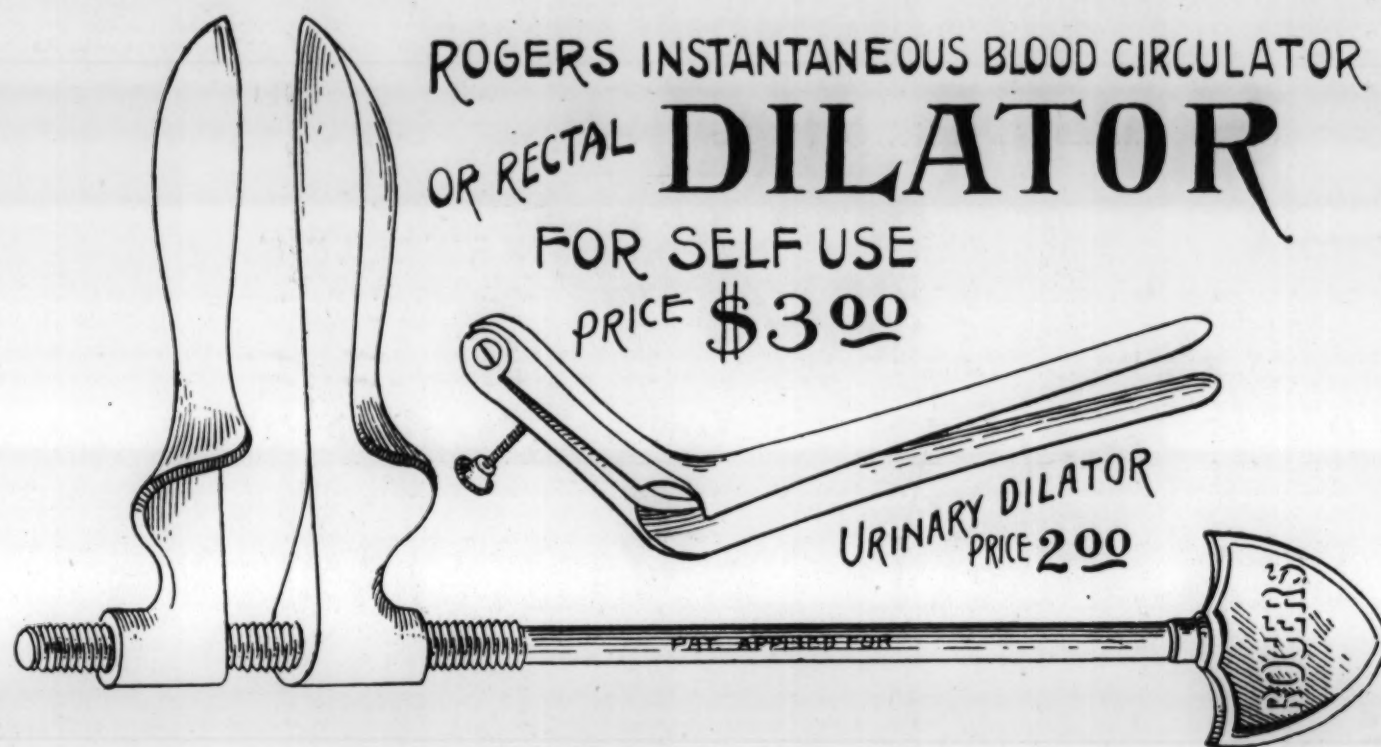
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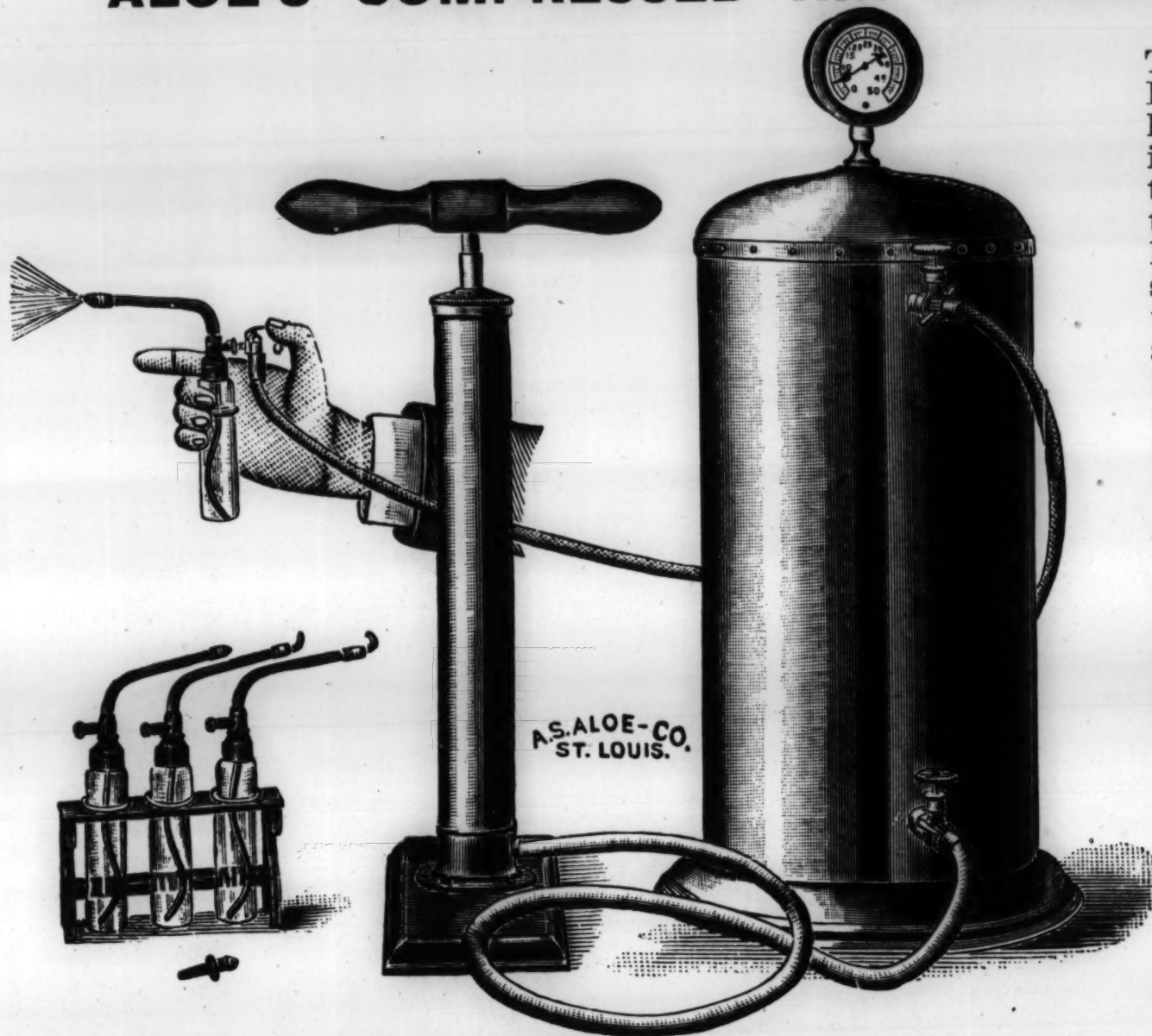
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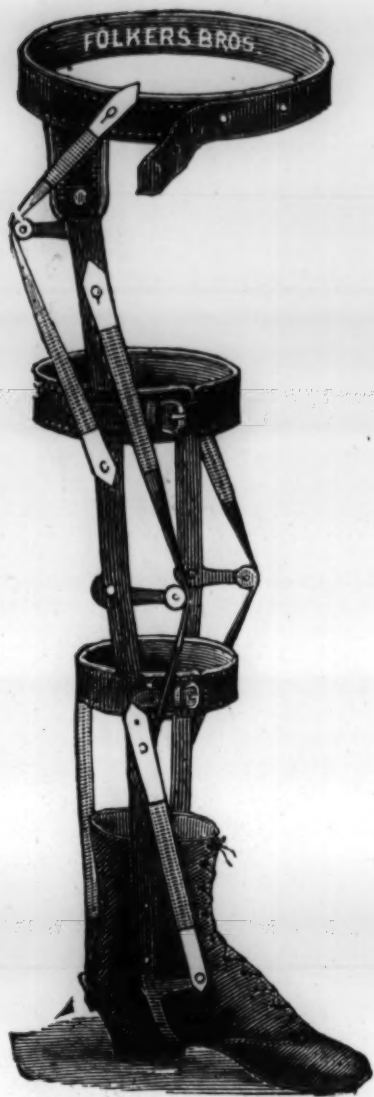
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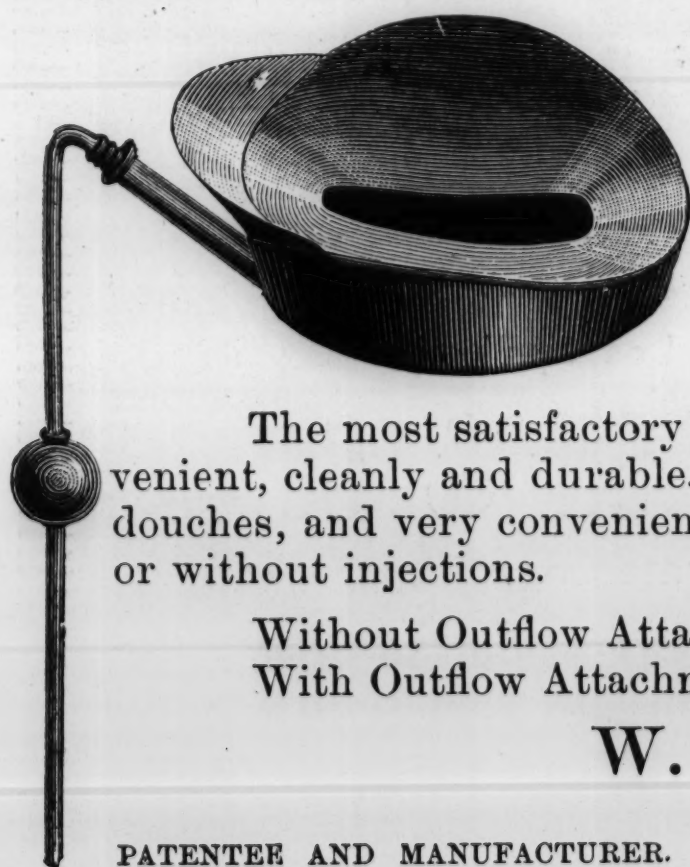
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